MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					MARYLAND 21201
FOR STATE		07846	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07836
HEALTH DEPT.		COUNTY WARDEN	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if a. STATE	institution: Residence before admission) b. COUNTY
any delay is 2, and 3 to PM3. Page eportment of after learn.	9	OCITY OR TOWN (It putside corporate limits, while RURAL estingive nearest town)	1	c. CITY OF TOWN (If outside corporate limits, v	7 ma 30-4
th. If aw iges 1, 2, farm tate Depart haurs at		1. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospital, give street address)	d. STREET ADDRESS. M. May De	e, IS RESIDENCE ON A FARM? YES NO
2 5 = 20	(NAME OF DECEASED Type or print) Letit	ria (AGaRO. 4. DATE OF DEATH	Manth Day Year (
offer de 18. Give F ce alang with the 12 with the nt within 7	S. 5	FN	7. MARRIED NEVER MARRIED NUMBER DIVORCED	8. DATE OF BIRTH 9. AGE 1	Agy) Months Doys Hours Min.
in 24 haurs icil in Item II iner's Office ages land 2	duri	USUAL OCCUPATION (Give kind of wark done ng most of warking life, even if refired)	PRIVATE FAMILY	BALTIME INTE, MARYLA	12. CITIZEN OF WHAT COUNTRY? U.S. A
within 24 or peacel in 1 Exc. viner's (File pages) and in any		GEORGE Lucke	11	14. MOTHER'S MAIDEN NAME MINNIE HALL	
al al		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (If yes give wor or dates of		INFORMANT DR. GEORGE Addison	SCS N. PAYSON ST
te shauld be e the ward "per I ta the Chief a burial-transit rematian, ar re		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Conditions, if ony, which gave hise to immediate cause (a), stoting the underlying cause last.	o) Millian ()	harare	INJERVAL BETWEEN BINSET AND DEATH
is certificat e, writing forwarded e used as c	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
uner: This he certificate, shauld be fo files. 3 should be u a should be u	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	i. (Enter nature of injury in Part I ar Part II af item	18.}
S = S = E	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ACE OF INJURY (Hame, farm, lctory, street, affice bldg., etc.)	own) (Caunty) (State)
no DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 shauld be formany be retained for your files. To FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to		1 / / /	of the remains described above, h I causes , Accident , Sui		Inquiry (), and in my apiniar ned manner ()
o DEPUTY MEDICAL INCOMESTAL MEDICAL OF THE funeral director. S may be retained of FUNERAL DIRECTOR Health or its design		ACTUAL SIGNATURE EXAMINER'S	W/ not	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
necessary, the funeral 5 may be 70 FUNERAL Health or i	230	BURIAL (REMATION, 23b. DATE THE SMOVAL (Specify) 6/23/6		Address (Street, city, town, or county) R CREMATORY PARK ARD JUS ARD JUS	
VR A15ME (5)	24	FUNERAL PIRECTOR HER DERT E. NUTTE	ADDRESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 2 death. funeral 1. PLACE OF DEATH
a. COUNTY
Ann Arundel USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) the n. b. COUNTY a. STATE Marvland Charles MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Pag oon papers. Pag within 72 hours hours Millersville La Plata _= d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Knollwood Manor Nursing YES K NO completely ive carbon p 3. NAME OF DATE Month Middle 4. Day Year Last DECEASED event. DEATH 19 66 (Type or print) ames June executed AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. remove 7. MARRIED NEVER MARRIED and any WIDOWED X Cauc. DIVORCED 9 + yrs. 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT Ë 10b. KIND OF BUSINESS OR HPLACE (County & State, or foreign country) physician be during most of working life, even if retired) **COUNTRY?** and Ret. Civil Service USA Charlew County Md certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Albrittain Etheldra Padgett 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) INFORMANT transit permit. 16. SOCIAL SECURITY NO. death Albrittain, La Plata Md. (son) J.Lemuel 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, if any, which (b) been gave rise to immediate the r to DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate had detached for use a reached for use a reached for use a reached for use a reached by the re PERFORMED? YES ! NO the hospital 20a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part 1 or Pert 11 of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While After be retained by ATTENDING at work at work DIRECTOR: Af age 3 should liled with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1.22 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATURE 22a. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. page M.D. Page 4 may TO FUNERAL PHYSICIAN'S NAME (Type) 22d. **ADDRESS** 220. director, p Burial CREMATION, REMOVAL (Specify) LOCATION (City, town or county) (State) DATE THEREOF Alton, Charles, Md. 2.1966 St. Ignatius REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Arehart Funeral Home Inc., La Plata, Md. VR A15 (4) DATE 15M 4-64

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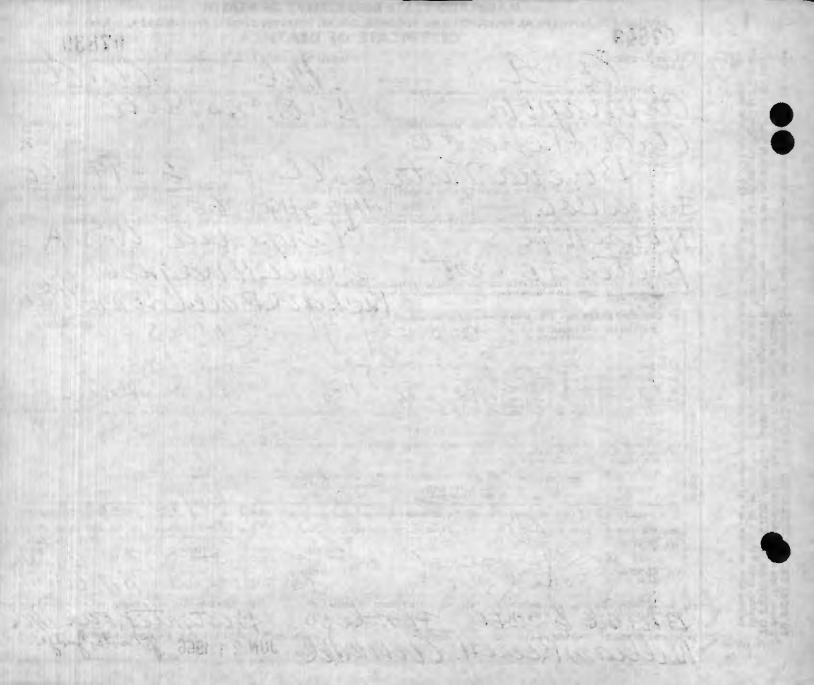
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end give neerest town) e. IS RESIDENCE ON A FARM? YES NO DAY Yeer 19 66 R1 YEAR 1F UNDER 24 HRS.
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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL A SIDENCE (Where deceased lived, It institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 15 guiside corporete limits, write RUPAL and give nearest town 2 Pages e. IS RESIDENCE hospital, give street address d. STREET ADDRESS ON A FARM? YES NO completaly NAME OF 4. DATE Month Last DECEASED OF (Type or print) DEATH and cor 5. SEX IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED (6st birthday) Months Davs Hours GWOON DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY or foreign country) attending ā WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas, no, or unkown) | (If yes give war or datas of service) 18. CAUSE OF DEATH (Enter only one couse perking for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stelling the undarlying cause last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. CERTIFICATION PERFORMED? 認む NO 057 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stala) Month, Day, Year fectory, streat, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 21. [certify that (I) (this hospital) attended the deceased from......... to. M, from the causes and on the date stated above. saw the deceased alive on. 9 and that death occurred at ... 22b. DATE 220. SIGN TURE ATTENDING STAFF PHYS. DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S HOSPIT NAME [Type] 23a. BURIAL, CREMATION, L23b. DATE THEREOF 123c. NAME OF CEMETERY OR PREMATORY VR A15 (4) 15M 7-62

RTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0785% CERTIFICATE OF DEATH death, requires that the deoth certificate be executed within 24 hours after death. by the funeral Pages 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) J completely filled in by the mo. 17 da. Annapodis Mavo d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital Box 46 YES NO X 3 NAME OF First Middle Lost 4. DATE Month DECEASED BEALL Clarence Warfield June 19 66 (Type or print) DEATH 5 SEX 6. COLOR OR RACE 8. DATE OF SIRTH AGE (n years IF JADER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Dovs Male White June 24. 1885 WIDOWFD DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHP, ACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Davidsonvill Maryland Bales manager Sholesale Truck Firm 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Beall Rosa Talbott IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) ((If wes give wor or dates of service) 0578-01-5577 rs. Rose L. Beall-wife sage as #2 above 18. CAUSE OF DEATH (Enter only one couse per use for (o), (b), and (c) INTERVAL BETWEEN signed by the burial-transit p burial, cremotic PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Mm DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse hos been the the lost. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES XX NO O FUNERAL DIRECTOR: After this certificate for 200 ACCIDENT WAS UNDERLYING TO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg , etc.) Hour a.m. Not While ot work ot work 1965 to June 6. 1966 that (1) (366 last 21. I certify that (1) (INDICIOSEDIAL attended the deceased fram. Jundirector, page 3 should should be filed with the saw the deceased alive an June 6. _19<u>66</u> , and that death accurred at_ M, fram causes and an the date stated above 7:50 PM 22a. SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN NAME (Type 1407 Forest Drive. Annapolis John L. Hedeman. 23o. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) All dallows hapel June 9, 1966 Davidsonville Bever Ley E. Hopping Hopping Funeral Home REC'D BY REGISTRAR 1966 VR A15 (4) 20 M 1/66



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-		07853	CERTIFICATE			260
law requires that the death certificate be executed within 24 haurs after death. nating physician been signed by the attending physician and completely filled in by the funeral s the burial-trans. Pages I and 2 is the burial, crematian, at famous, and in any event, within 72 haurs after seath.	1 1	LACE OF DEATH Anne Are	unele / MARYLAND		deceased lived, it institution Residual b. COUNTY	lence before admission?
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that the d ian by the att trans:t perr cremation,		18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	er line for (o) (b), and (c))	las acid	leut.	ONSET AND DEATH
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- T - T		21. I certify that (I) (this haspita saw the deceased alive on		deoth occurred at 25	to 6/25, 1	966 that (I) (we) last the date stated above.
OR be re		22c PHYSICIANS 2	Hongera M.D	ATTENDING MED DIRE	CTOR STAFF PHYS D	6/25/66
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fi	22-	NAME (Type) BURIAL CREMATION. 23b DATE THEREOI	1 Thompson 1 23 NAME OF CEMETERY OR CO	Gown	Sulle Stee 23d. LOCATION (City or Town)	(County) (State)
FO HOSP Page 4 1 FO FUNE director shauld		REMOVAL (Specify) 7/13/66	Univ. of M	aryland	Baltimore	Marylan
VR A15 (4)	24	FUNERITORY TOWN TOWN TO	ADDRESS 108 W Wa Annanolis	sh St DATE	REGISTRAR 15 60 REGISTRAR	S SIGNATURE



and the same	1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	n
and and	E = 0	C7854 CERTIFICATE OF DEATH 0784:	3
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. STATE b. COUNTY	e admission)
	after / the ges 1	Anne Arundel Maryland Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give ne	arest town)
_	nours a	Annapolis 36 Years Annapolis	!
	rted within 24 ho completely filled I ve Carbon papers. event, within 72 h	o. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS ON	RESIDENCE A FARM?
		U.S. Naval Hospital 216 North Linden Avenue YES	No X
	completely ve carbon event, with	(Type or print) Alfred Howard BITTER DEATH June 25	1966
	emove any eve	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDE	IDER 24 HRS
	execution and any in any	Male Cauc. WIOOWED DIVORCEO July 31, 1903 62 yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF W	
	te be ysician please , and in	Musician U.S.Navy (Retired) Baltimore, Maryland USA	
	ificati g phy len p loval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	₹ [7 5]	Herman Bitter 15. WAS DECEASE DEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Wife Clean Manual Control of Manual Cont	
	death ne atte permi	(Yes, no, or unkown) ((fyes give war or dates of service) 220.16 · 4591 Mrs. Grace A. Bitter Annapolis. Maryle	Ave.
	at the dea ian, d by the a ransit per cremation,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1	BETWEEN NO OEATH
	hat thician, ed by trans!, crem	IMMEDIATE CAUSE (a) REAGUEST OUT THE STATE OF THE STATE O	nun
	lres that physician n signed burial-tra	Conditions, If any, which gave rise to immediate (b) Meta static carcinom 4 30	day
	The law requires that the death certificate be executed within or attending physician, are has been signed by the attending physician and completely use as the burial-transit permit. Then please remove carbon paith prior to burial, cremation, or removal, and in any event, within	cause (a), stating the out to ancience 300 ancience 300	day
	N: The law rectal or attendir infrate has be for use as the Health prior?	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS	S AUTOPSY FORMEO?
	ICIAN: The la lospital or att certificate had for use the for use of Health p	YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	NO [1
	ospij cert hed t. of		
	PHYS the h the h detac detac	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	(State)
	d by After d be State		\ funl land
	TTEND trained TOR: // Should	21. I certify that (1) (this hospital) attended the deceased from May 21, 19.66, to 25 June, 1966, that it is saw the deceased alive on 25 June 19.66, and that death occurred at 0.110 from the causes and on the date sta	
	L OR ATTENDIN y be retained I OIRECTOR: Afi age 3 should b lied with the S	22a. SIGNATURE 22b. OATE SIGNED M.O. PHYS. OIRECTOR PHYS. IN 25 June 19	
	TAL may AL e fil	22c, PHYSIC/AN'S 22d, AOORESS	
	D HOSPITAL Page 4 may FUNERAL director, pa	NAME (Type) T.P. MCGRORY, LCDR MC USN U.S. Naval Hospital, Annapolis, 1 232. BURIAL, CREMATION, 236. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county)	Md.
	Tage of the state	DURIA (Specky) June 28/966 Boltimore NATIONAL BALTIMORE, MA	
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endi ss b	underlying cause last. (c)		
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I or under u	YES [MO 🔲	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the burial-transit permit. The been should be filed with the State Dept. of Health prior to burial, cremation, or removal, all of the should be filed with the State Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERF YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
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te et a te et	Hour a.m. While - Not While - factory street, officebidg., etc.)	(31010)	
Affe Affe Sta		tour Lord	
END aine DR: ould the	21. I definit that the talls hospital attended the deceased from 1		
ATT Letter State of the state o	saw the deceased alive on 19 66, and that death occurred at Sizi M, from the causes and on the date state 22a. SIGNATURE 22b. DATE SIGNED	30 80046-	
OR DIR	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIVIS. 1 0/2/66		
TAIL may	22C. PHYSICIAN'S NAME (Type)		
HOSPITAL OR age 4 may be FUNERAL DIR irector, page inouid be filed by	LICHARD DIJECLER 14 NOTHERS, MIC.		
C HOS Page D FUN direct Shourd	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)	
	Burial 7/3/66 Greenwood Ceretery Tower Burnell Paradoress, 25a. REC'D BY REGISTRAR'S SIGNATURE		
tm are cal	Beverley is doping Beauly t Appril 111 5 1000 Minds	1.0	
VR AI5 (4) 2DM 1/65	Ropping sure ral Home annapolis, del pare JUL 5 1966 Minutes Jus	-	



(m)	ı	Items 18&21 Film G378 7/MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 303 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR S	STATE		C7856 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07845
P 3 € S S S S S S S S S S S S S S S S S S	I DEPTA	Ī	PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND 2 USUAL RESIDENCE (Where deceosed I ved, if not intion Residue) o. STATE Maryland Maryland Anne A	,
2, and 3 PM3. Poo	Department of rs ofter deoth		b CITY OR TOWN (f autside carparate limits, write RURA, and g write RURA and give nearest town) Annapolis Churchton	ive nearest town)
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	2 with		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthday) Months Temale Negro WIDOWED DIVORCED 1-4-63 3 yrs	R 1 YEAR IF UNDER 24 HRS Doys Hours Min
24 hours in Item 18 r's Office	ond 2		D. LSUAL OCCUPATION (Give kind of work done INDUSTRY) 10b KIND OF BUS NESS OR II BIRTHPLACE (State or foreign country) 12 INDUSTRY	CTIZEN OF WHAT
l within 24 n penci in Examiner's		13	FATHER'S NAME LOUIS BUILT DIOLER'S MAIDEN NAME MOTHER'S MOTHER'S MAIDEN NAME MOTHER'S MOTHER'S MAIDEN NAME MOTHER'S MOTHER'S MAIDEN NAME MOTHER'S MOT	2016
executed with and			WAS DECEASED EYER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO INFORMANT Address: MOLUMB SLUSTE (MILL)	witofle
be ief	burial-fronsit permit. motion, ar removor,		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Rheumatic myocarditis, Acute and chronic. 14 1 2 DUE TO	INTERVAL BETWEEN ONSET AND DEATH
certificate should writing the word prwarded to the Ch	s a burial-tronsit cremation, ar r		Conditions, if any, which gove (b) (b)	
icote	05 0 I, cre		stoting the underlying couse (c)	
INER: This certificate e certificate, writing t should be forwarded	used bur a	FICATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
ER: This certificate, ould be fo	files 3 should be ant, prior to	CERT	200 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Port 1 of term 18.) CAUSE OF DEATH	61
₹ # 4		MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, hour a m p.m. 19 of work at work of work at w	ounty) (Stote)
EAL EXA execute or. Page d for you TOR: Page			21 certify that I taak charge of the remains described above, held an Autopsy (x), Inspection (), Inquiry () death resulted from: Natural causes (X) Academ (), Suicide (), Homicide () Undetermined manner ()	and in my apinion
MEDICAL please ex director.	be retoined RAL DIRECT or its design		ACTUAL SIGNATURE () (RELLE) & CLEST M. D. ASS STANT MEDICAL EXAMINER (22. DATE SIGNED
O DEPUTY necessory, p the funeral	5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type) Charles S. Petty, M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	6-3-66
TO D	TO FI	230	BURIA, CREMATION, 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 33d ACCATION (City or Town) BENDVA (Specify) 5-5-66 (Dens)	County (Sate)
VR	A15ME (5)	24	FUNERAL DIRECTOR OF SOLIT MODESS DATE OF BY REGISTRAR GO 25h AGUITRAR S	Signature dix



1	ma B. Bowers MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATE OF DEATH	NP
ifter death, the funeral es 1 and 2 artistic death.	PLACE OF DEATH 8. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be started in the started of the star	le]
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ithin stely bon with	North Arundel General Hospital 711: Maple Road YE NAME DF DECEASED (Type or print) NAME DF DEATH June 20	Year 19 66
e comple an and comple e remove car	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF	Hours Min.
certificate be diding physician Then please removal, and it	Pennsylvania U.S. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
부 활분 5	William Van Horn WAS DECEASED EVER IN U.S. ARMED FORCES? Ind. or unknown) (If yes give war or dates of service) 16. SDCIAL SECURITY NO. 17. INFORMANT Address	
PITAL OR ATTENDING PHYSICIAN: The law requires that the 4 may be retained by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed by the pr, page 3 should be detached for use as the burial-transit be flied with the State Dept. of Health prior to burial, cremate	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) A cute Pulmonary Edema 2 Pulmonary Surbota; Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Moon bophish & Aleg Supperficial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. W	stated above
·	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial June 23,1966 St. Mary's Catholic Cem. Wilkes Barre. Pennsyl FUNERAL DIRECTOR ADDRESS' ADDRESS' Recistrary 25b. Recistrary 25b. Recistrary 25c. Recis	(State) Vania URE
VR AL5 (4) 20M 1/65	eorge J. Gonce, 1,001 Ritchie Hgwy., Beltimore of UN 2 3 1966 golden Just	ye.



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
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24 hours after death. filled in by the funeral apers. Pages 1 apd 2 n 72 hours after earth	1. PLACE DF DEATH	USUR RESIDENCE (Where deceased lived, If Institution: Residence before admission)		
fter the f	ANNEARUNDEL MARYLAND	e. STATE D. COUNTY MARYIANO ANNE ARUNOFIL		
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thour thour rrs.	d'. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. s	Jeh Burne, MD.		
		Burnie ON A FARM? L202 Whitman Drive—Glen YES□ No 🗵		
executed within and completely remove carbon prant any event, with	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year		
mple car	(Type or print) TRANK	Broussard DEATH 6 26 1966		
ecute nd co nove	MARRIED NEVER MARRIED	ATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS.		
exe in a	10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR 1 1)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
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oval, part	13. FATHER'S NAME	MOTHER'S MAIDEN NAME		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	Concetta A. MINOTTI		
ath attermit.	(Yes, no, or unkown) (If yes give war or dates of service)	201 Suns 1 Wire		
the ation	Yes WWARTT 42-46 -2/2-03- 13KCIA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
aw requires that the death certificate be of the density of the signed by the attenting physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Lute My Y Can	and who die onset and Death		
s tha ysick gnec ial-ti	260 X DUE TO Arterior Clarking	Cardinacelly disease		
uires g ph en si bur o bur	Conditions, If any, which gave rise to immediate (b)			
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HYSI this etacl Dep		INJURY (Home, farm, 20f. (City or town) (County) (State)		
DING PR ed by th After the Id be de e State le	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF factory, street 19 20e. PLACE OF factory, street 20e. PLACE OF factory, st	eet, office bldg., etc.)		
INDI ined R: A ould the S	21. I certify that (II) (this hospital) attended the deceased from	, 19 6, to, 19 6, that (I) (we) last		
ATTE retail Sho vith	saw the deceased alive on 19 , and that deat	th occurred at 3 50M, from the causes and on the date stated above.		
OR be 3ge 3ge 3led v		TENDING DIRECTOR PHYS. 6.27-66		
Page 4 may be retained TO FUNER DIRECTOR. Page 3 should be filed with the		2d. ADDRESS		
HOS age FUN irect	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CL	REMATORY 23d. LOCATION (City, town or county) (State)		
57 57 P	308/AL 6/29/66 Holy Redeemer	bhee		
9	To sull Holla Voce 322 S. High St.	100 to 10		
VR A15 (4) 20M 1/65	Janu Wella voce 3-2 silled so.	DATEJUN 28 1966 James Judge		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 07853 CERTIFICATE by the funeral Pages 1 and 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY b. COUNTY Maryland Anne Arundel physician and campletely filled in by the fur en please remave carban papers. Pages I oval, and in <u>any</u> event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate imits, LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RJRAL and give gearest tawn) Baltimore d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? Crownsville State Hoswital 1240 E. Monument St. NO A YES 3 NAME OF Middle 4, DATE Month Year OF DEATH 19 66 (Type or print) #31589 Robinsun 6 Earl Bruwn 8. DATE OF BIRTH IF JNDER | YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED than birthday) Months Days 5/36/08 WIDOWED X DIVORCED lveuro Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Marvland Ship yard worker 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Estella Chase Edward Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address 218-10-5496 Hospital Secords INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO Nephrosclerosis Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been Hypertensive Cardiovascular Disease 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic Brain Syndrome associated with Alcoholism NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) Not While factory, street, affice bidg, etc.) at work 21. I certify that (1) (this hospital) attended the deceased from. 3/19/_,19_66, to_ 6/2/ , 19__5that (I) (we) last __19_66, and that death accurred at 9:10M, fram causes and an the date stoted obove. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR 22c PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) KLUWI 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1000 Brantley 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07849 27860 The law requires that the death certificate be executed within 24 hours after death. ician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel Marvland a MARYLAND b CHY OR TOWN (If auside corparote limits, write RURAL and give neorest town)
Annapolis c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b RURAL - Severna Park L davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Rt-1. Box-318B, Anne Arundel General Hospital YES NO [3. NAME OF Middle First 4. DATE Year DECEASED Edith (none) BROWN June 66 Type or print DEATH S SEX 6 COLOR OR RACE AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7 MARRIED NEVER MARRIED 74 yrs Months Days Hours Female Negro WIDOWED DIVORCED Nov. 2, 1891 100 LSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY during most af working life, even if retired) Maryland Keti Keci 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN1 signed by the ottending (Yes, na, ar unknown) lift yes give war or dates at service BOY 318 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO this certificote 20g ACCIDENT WAS JNDFR1YING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (State) (County) Hour am. foctory, street, affice bldg , etc.) Not While O FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this hospital) attended the deceased from , 19 , to June 14 , 19 66 that (1) box last be retoined saw the deceased glive an June 14. 19 66, and that death occurred at M. from causes and an the date stated above. 22a SIGNATURE 225. DATE SIGNED ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) HahnProfBldg., Severna Park. Md. Ray M. Smith. M.D. 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIA., CREMATION 23b DATE THEREOF (State) (County) REMOVAL (Specify) Baria 24 FUNERAL DIRECTOR ADDRESS 25o, REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUR 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) and completely filled in by the funeral n. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Life Odenton Adentan e IS RESIDENCE ON A FARM? YES NO d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Wauch Chapel Road Mauch Chapel Road 3. NAME OF Middle Lost 4. DATE Year Dov DECEASED 3 19 66 (Type or print) BRYANT June THERSA EHGENTA DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. and in any ever 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH birthday) Days Hours May 19.1873 White WIDOWED X D VORCED Female INDUSTRY DIME 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Housewife
13. FATHER'S NAME Joliet Illinois USA 14. MOTHER'S MAIDEN NAME ar remayal, Ella Bennett Eugene Weeks IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates at service) Mr. Lee E. Robey (erandson) Same as #2 signed by the atter burial-transit perm burial, cremation, a Unknoun INTERVAL BETWEEN ONSET, AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **D**UE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stoting the underlying couse as the prior tat O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept af Health YES [NO T Ϊ 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City of town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg, etc.) at work 21. 1 certify that (1) (this haspital) attended the deceased fram. dfa, that (1) (we) last saw the deceased alive on and that death accurred at 5 M, fram causes and an the date stated above directar, page 3 sha shauld be filed with 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23a. BUR AL, CREMATION 23b. DATE THEREOF 28c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Maryland Odenton June 75,1966 Epiphany Episcopal Cem. 2Sb REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Richard V. Singleton Glen Burnie, Md

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased led if institution Residence before admission) o COUNTY 3 to Page Co, Co Inhibit a District of 70 MARYLAND Department b CITY OR TOWN (if outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (it outside corporate limits, write RURA, and give negrest town) 2, c. P.M3 write RURAL and give nearest town) NNd polls d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS hours 30-1 - Arno Arondel. general 0 16 3 NAME OF Middle 4 DATE Doy Year DECEASED 6 66 (Type or print) 19 DEATH S. SEX 6 COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS lost birthdoy) Months 2-11-97 WIDOWED DIVORCED event 100 USUAL OCCUPATION (G ve kind of work done during most of working life, even Perfet 1 P & 106 K ND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT NDUSTRY U.S.A. Police Officer
13 FATHER'S NAME Law Enforcement Maryland pencil 14 MOTHER'S MAIDEN NAME be executed within Edwin B. Bullock Mary E. Gollery 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Wash. D.C. (Yes, no, or unknown) (If yes give wor or dates of service) геточо Thel N.H. Ave, Mrs. Helen Bullock. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (6), ond (c).) MYERVAL BETWEEN PART I. DEATH WAS CAUSED BY ol-trans Б IMMEDIATE CAUSE (o) Word This certificate should cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 55 last PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES [NO 🍞 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) ogent, prior PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) factory, street, office bldg , etc.) Not While FUNERAL DIRECTOR: Page 21. I certify that toak charge of the rema pe described above, held an Autopsy Inspection . Inquiry and in my opinion the funeral director. death resulted fro Accident Suicide | Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 1 10 FUNES Health (NAME (Type) Address (Street, city town of county BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 6/22 Arlington VR A15ME (5) 6M 1/66 Jos. Gawler's Sons Washington, D.C.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE Anne Arundel Maryland after Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page write RURAL and give nearest town)
North Linthicum hours North Linthicum .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADORESS within 4 Old Annapolis Rd. 01dYES NO Annapolis completely 3. NAME OF Middle Last DATE Mon th Day Year DECEASED DF Edgar R. Burns (Type or print) DEATH June 1.196619 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. dash birthday) | Months | Oays | Hours | Min. 5. SEX ase femove 6. COLOR OR RACE OATE OF BIRTH 7. MARRIED A NEVER MARRIEO Male Nov. 4,1881 White DIVORCED [WIDOWED | 10a. USUAL OCCUPATION (Cive kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) and INDUSTRY COUNTRY? Service Station Mt. Airy. Owner Marvland physic certificate ᆷ 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME attending primit. Then Basil Burns Alvina Brandenburg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attendit 10 (Yes, no, or unkown) | (If yes give war or dates of service) Irma P. Eurns Same cremation. 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH signed by PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUE TO buri Conditions, If any, which peen gave rise to immediate the r **OUE TO** cause (a), stating the prior 1 underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO II YES [the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part ii) of item 18.) detached f MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work p.m. retained ㅁ 21. I certify that (I) (this hospitel) attended the deceased from DIRECTOR: Jage 3 should lifed with the saw the deceased alive on. and that death occurred at a M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. ATTENDING STAFF PHYS. PHYS M.O. DIRECTOR Da 運 HOSPITAL PHYSICIAN'S ADDRESS TO FUNERAL 22c. 22d. director, p NAME (Type) OATE THEREOF OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. 4,1966 REMOVAL (Specify) June Loudon Park Baltimore. Nd . ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Baltimore Cole Home 1913 VR ALS 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DERTH 2. USUAL RESIDENCE (Where dacassed lived, if institutions Residence before admission a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 BITY OR TOWN (Illioutside corporate limits, write RURAL and give nearest town) wrife RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital , a ve street address STREET a. IS RESIDENCE ON A FARM? YES INO NAME OF Middle DECEASED OF (Type or print) DEATH 5. SEX RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR est, birthday) Months Davs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during, most of working life, even if retired) 13. FATHER'S NAME please MOTHER'S MAIDEN NAME attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16/SOCIAL SECURITY NO Tes, no, or unkown) | (Ifyes give war or dates of service) 18. CAUSE OF DEATH [Entar only one cause per line for (e) (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED! 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part V or Part II of fram 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Hour a.m. Not Whila at work at work JUNE 1966 that (1) (we) last 1966 and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on. 22b/DATE 22a ATTENDING SIGNED PHY5 DIRECTOR 22d NAME (Type) 23b. DATE THEREOF 23a, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) (Státa) 23c. EMOVAL (Spacify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7-62



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. if institution Residence before admission) Washington, D.C. COUNTY p. COUNTY a. STATE death. ₽ MARYLAND Department b CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN In c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond write RURAL and give nearest town) Annapolis d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE haurs ON A FARM? Brought DOA to A A General Hospital 926 Hillton Terrace Item 18. Give Pages YES MODER be executed within 24 hours after death 3 NAME OF 4 DATE Month Firs1 Middle Lost DECEASED 6/26/66 Emma Byrd within . (Type or print) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7 MARR ED NEVER MARRIED Jost birthday) Manths Days Hours 4/8/03 W DOWED X DIVORCED female Negro 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? South Carolina Retired USA pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Unknown John Green .⊆ IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) ((If yes give wor ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address ar remayal. 4919 A Street, S.E. LeRoy Byrd, Jr. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Heart attack IMMEDIATE CAUSE (a) This certificate should writing the ward cremation, DUE TO Canditions, if any, which gove arteriosclerosis seconds rise to immediate cause (a), farwarded ta DUE TO stoting the underlying couse 8 burial, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS PERFORMED? NO 4 the certificate. agent, prior ta 200 EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. no injurv 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 19 of work of wark its designated 21 | certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry [and in my apinian the funeral directar. death resulted from: Natural causes Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 6/26/66 DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Portland Place TO DEPUTY Health ar i DEPUTY MEDICAL EXAMINER 2 **EXAMINER'S** Address (Street, city fown, or county) Lothian, laryland NAME (Type) Charles H. Wirth. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIAL CREMATION 23b DATE THEREOF (County) 90 6/30/66 Lincoln Memorial Ceme Maryland 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 4001 Benning Rd., VR A15ME (ST Home



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH DÉPE HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY e. STATE b. COUNTY Anne Arundel Maryland MARYLAND Annearundel c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) e funeral Department death CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Crownsville vears e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay ne certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State NO IX NAME OF First Middle Last DATE Month Ony DECEASED OF 第21 DEATH (Type or print) 19 Thomas 2 with within 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS SEX DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED [last birthday) Months Days Hours MIn. DIVORCEDATY 65 WIDOWEO 25,1901 l and a 10a. USUAL OCCUPATION (Give kind of work done) 10b. Kino OF Business OR during most of working life, even if retired) INOUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? _ pages 1 in any Carnenter - retired Building constr Crownsville MOTHER'S MAIDEN NAME Harvland 13. FATHER'S NAME ald all Amos C Carr Clara Mae Walstrum Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) \(() f ves give war or dates of service) permit. ir . William D. Carr- Crownsville 578-26-5278 no MYERVAL OFTWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) PART I. OEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (8) **QUE TO** Conditions, if env. which (b) gave rise to immediate DUE TO cause (a), stating the 60 underlying couse last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMED# YES 208. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 3 should be agent, prior 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion files. FUNERAL DIRECTOR: I Health or its design Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER Page 4 for your 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) (State) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23h. DATE THEREOF 0 REMOVAL (Specify) Washington Gremation(i 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR Severley E. Hopping VR ALSME (5) opping Funera home annano 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Anne Arundel b. COUNTY Maryland Anne Arundel MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b Life Annapolis Annapolis B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled DN A FARM? in Da 109 Clat Street 109 Clay Street NADO executed within completely carbon Day NAME DE Middle DATE Month First DECEASED JESSIE TRENE CARTER 28 1966 June DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 5. SEX and con remove 6. COLOR OR RACE 7. MARRIED TO THEY MARRIED Dec. 25-1.903 DIVORCED Female Negro WIDOWED [10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)

10b. Kind of Business DR INDUSTRY. 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician and please re COUNTRY? Annapolis, Maryland II.S. The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Joseph Larkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, u.g. or unknown) (If yes give war or dates of service) 16. SDCIAL SECURITY NO. 17. INFORMANT Address as been signed by the atten as the burlal-transit permit. prior to burial, cremation, or Louis Carter Sr. 109 Clay St. Anna. Md. Unknown INTERVAL BETWEEN DNSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Cardio Vascular PHYSICIAN: The law requires that the the the hospital or attending physician. DUE TO 2 davs Conditions, If any, which Disease gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) Diabetes Mellitus WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) CERTIFICATION certificate had for use of Health p PERFORMED? NO E YES [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [tached 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year Hour a.m. Not While While at work at work . 1965 to June 28 , 1966 that (I) (we) last D 21. I certify that (i) (this hospital) attended the deceased from June saw the deceased alive on June 28 _______1966 ___ and that death occurred at 1.1.0M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed v STAFF PHYS. MED. DIRECTOR DIR June 29, 1966 M.D. PHYS. TO HOSPITAL Page 4 may 0 FUNERAL 22d, ADDRESS 22c. PHYSICIAN'SV NAME (Type) R.L.Richardson 110 Clay St. Anna. Md. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bestgate Rd. Anna. Md. July 1-66 Pine Lawn Burial REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 1966 Annapolis, Maryland C.E.Hicks 111 VR AI5 (4) DATE 20M



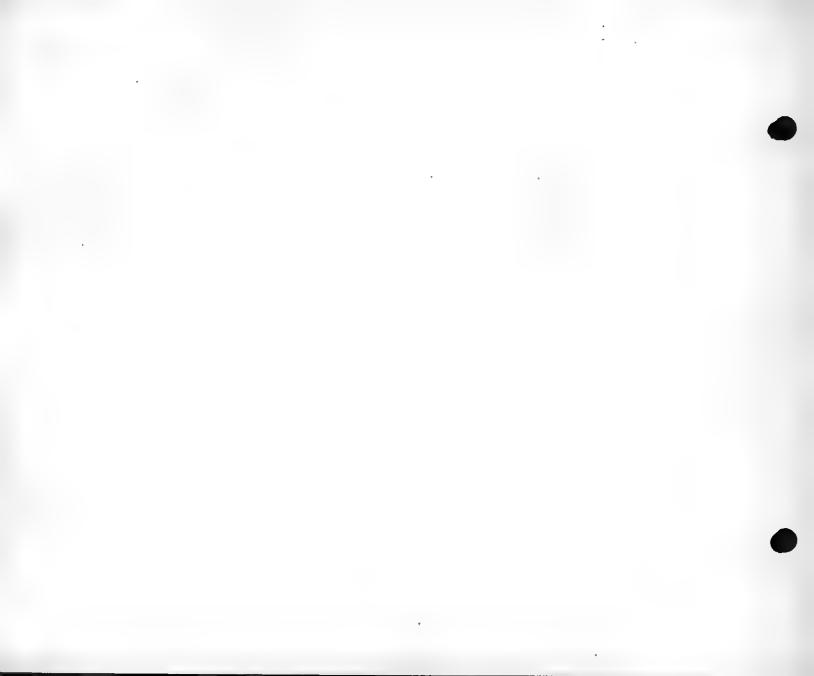
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n 2	the attending physician and completely filled in by the funeral sit permit. Themplease remave carban papers. Pages I and matian, ar remayor and in any event, within 72 haurs after demanders.		07 Cromwell Ave			107 Cromw	ell Ave	YES	NO X
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lice	physic you	13	FATHER'S NAME			14. MOTHER'S MA DEI	NAME		
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£	den den	15	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of	16 St	OCIAL SECURITY NO 17	. INFORMANT	Ader	226	
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N A	Stage	1	21 I certify that (I) (this hosp		ed the deceased from	curvil	190 7 to 6-25	9- , 19 <u>6</u> 6, that (I)	(we) las
EN	# Per 4		saw the deceased alive on	2.2ء	1966, and t	hat déath accurred	19 <u>6</u> 7, to <u>62</u> 5 at <u>3 3-4</u> M, fram causes	and on the date stat	ted above
	B gt		22a SIGNATURE					22b. DATE SIGNED	
2 S			Jones da	wkey		M D PHYS	MED STAFF DIRECTOR PHYS.	June 30, 1	.966
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	for the standard of the standard of an ending of the standard		NAME (Type) Dr. Igr		Lynas	319A (old Annapolis R		
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0 0	10 PE K		REMOVAL (Specify) Burial July 2,	1966	Carson Val	ley	Duncansville	e. Pa.	
_	VR A15 (4)	,	FUNERAL DIRECTOR	·	ADDRESS	2So RE	C'D BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE	
	20 M 1/66	G	eorge J. Gonce - 400	1 Ritch	nie Hgwy., Ba	ltimore DATE!	UL 1 1966 /	Charles Jud	ge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07863 requires that the death certificate be executed within 24 haurs after death filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY o STATE **6 COUNTY** Anne Arundel Anne Arundel ve carbán papers Pages L event, within 72 hours affer MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN Th Annapolis Annapolis d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 1912 Fairfax Road YES NO 🛣 NAME OF Middle 4 DATE Lost Month Dov Year campletely DECEASED Virgie CHERRY Catherine 1966 (Type or print) June DEATH SEX 6. COLOR DR RACE DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. emave 7 MARRIED TY NEVER MARRIED Months lost birthdoy) Dovs Hours WIDOWED DIVORCED Female Whit. e usual Occupation (Give kind of work done of most of working life, even detired) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT (County & State, or foreign country) Maryland signed by the attending physical history. Then or remaya 16 SDCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying cause has been il e lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATI NO IC this certificate 20o ACCIDENT WAS UNDERLYING [" 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (I) And hospital attended the deceased fram . 19<u>66</u>, that (I) (2016) fast 19 5% to June be retained plnous saw the deceased alive an June 14 ___19_66_, and that death accurred at M, fram causes and an the date stated above. 220, SLGMANURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS PHYS. PHYSICIAN'S 22d ADDRESS Page 4 may NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, Md. director, shauld DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Store) **EXMERAL DIRECTOR** 250 REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07870 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased wed if institution. Residence before admission) o. COUNTY Anne Arundel o STATE b COUNTY P.M.3. Page 'n after death. MARYIANT MARYLAND ANNE ARUNDEL delay and 3 b. CITY OR TOWN (if outside corporate mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate mits, write RURA, and a veinegrest town) write RURA, and give pawest town) LOTHTAN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d SIREET ADDRESS e IS RESIDENCE farm nours ON A FARM? Wayson Trailer Court Item 18. Give Pages WAYSON TRAILER COURT NO XX 24 haurs after death Office alang with 3 NAME OF n X Middle 4 DATE Year DORREN XXXXXXX DECEASED ith the Christmak Christman OF ALL 25 Mary 6 19 66 (Type or pant) S SEX 6. COLOR OR RACE XX NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH 9 AGE (In years as Berthday) Months Hours F W JULY 7, 1940 WIDOWED DIVORCED event 11 BIRTHPLACE (State or foreign country) TOO USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CT ZEN OF WHAT during mast of warking the Jeven (tretired) NEW HAMPSHIRE pages 1 in any .= he ward "pending" in penal in to the Chief Medical Examiner's This certificate shauld be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME HARVEY EDNA RABTGA <u>ه</u> pup IS. WAS DECEASED EVER N . S ARMED FORCES? 16 SOCIAL SECHRITY NO 17 INFORMANT Address permit. (Xas no, or unknown) ((If yes give wor or dates of service) removal. unknown FLEURY FUNERAL HOME, BERLIN, NEW HAMPSHIRE CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c),) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY. ONSET AND DEATH Crushing head injuries 5 . IMMEDIATE CAUSE (a) used as a burial-trai burial, crematian, a writing the ward DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause 12:DI PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? the certificate. its designated agent, priar ta YES -MO 200. EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part of Part I of Item 18.) 3 should PRIMARY M or CONTRIBUTING CAL EXAMINER: CAUSE OF DEATH. assaulted and beaten about head MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) Hour om. Not While foctory, street, office bidg , etc.) FUNERAL DIRECTOR: Page at work 66 of work 6 24/259 home see 1d 21. I certify that I took charge of the remains described above, held an Autopsy [8] Inspection Inquiry and in my apinion death resulted frame Naturol causes Accident Suicide . Hamicide 🗙 Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/26/66 O DEPUTY þ DEPUTY MEDICAL EXAMINER 6 **EXAMINER'S** Rudiger Breitenecker NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c NAME OF EMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City or Tawn) (County) 0 6-30-66 ST. KIEREN CEMETERY BERLIN. NEW HAMPSHIRE **ADDRESS** 25g. REC D BY REGISTRAR 25b REGISTRAR S S GNATURE 24 FUNERAL DIRECTOR VR A15ME (5) H. HUBBARD, 4107 WILKENS AVENUE #29 6M 1/66



	1/	16.8	MARYLAND STATE DEPARTMENT OF HEALTH				
4		IAI	CERTIFICATE OF DEATH				
1	after death.	eath	1.	PLACE OF DEATH 1 2. IISIIAL RESIDENCE (Where decrased lived, if inclination: Residence before)	admission)		
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	iffica g ph	ova	13.	FATHER'S NAME			
	rent Tagin	Te.	15.	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unknown) (If yes bive war or dates of service) Address			
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	9 ##	natio	Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ETWEEN		
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will Page 4 may be retained by the hospital or attending physician. TO FUNENAL DIRECTOR: After this certifilate has been signed by the attending physician and complete discorder made 3 should be detached for use as the hirial-lens wermit. Then please remove can	jo	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)			
	HYSI he he Hils	Dep	۲ <u>۶</u>	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.), 20f. (City or town) (County)	(State)		
	te to	tate	MEDICAL	Hour a.m. While Not While factory, street office bidg., etc.)			
	ned R. Af	he		21. I certify that (I) (this hospital) attended the deceased from 7/16, 1965, to 6/6, 1966 that (I)	(whe last		
	ctol	量		saw the deceased alive on 19 4 and that death occurred at 4 M, from the causes and on the date state 22a. SIGNATURE 22b. DATE SIGNED	d above.		
	De be	ed ×	-	Leymend (XXXX M.D. ATTENDING MED. STAFF 6/6/6	6		
	TAL may	- S-	ļ	22c. PHYSICIAN'S NAME (Type) FVAR AID 11. LOTT 22d. ADDRESS AMP MADE PE			
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	15 P. 25 P.	sho	23a	REMOVAL (Specify)	state)		
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		Soor	K	Singleton Con Burnie Md. Day 1966 Policyles Judge	<u>l</u>		
	20M 1/6	2 ///					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. CDUNTY b. COUNTY Maryland b. CITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b stely filled in by bon papers. Page within 72 hours a write RURAL and give nearest town) yrs. 16 das Baltimore 30-4 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS Crownsville State 2345 Eutam Street NO X YES ietely executed within pon 3. NAME OF Last Year Middle DATE DECEASED and comple remove care any event, (Type or print) #24054 Clark 25 1966 DEATH Samuel. 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED birthday) Months ! Hours Male Neoro 3-15-04 WIDOWED [DIVORCED [attending physician a ermit. Then please re on, or removal, and ln 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Viroinia Uhknown _____ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Hnknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address been signed by the attenthe burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) ((If yes give war or dates of service) 213-09-0697 Hospital Records Unknown 18. CAUSE DF DEATH { Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART 1. DEATH WAS CAUSED BY: Carcinoma of Right Lung - Duration 2 years PHYSICIAN: The law requires that ti the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES TO ND T 20a, ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached f te Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm.) (County) (State) factory, street, office bldg., etc.) Hour _a.m. While Not While at work OR ATTENDING P at work b 21. I certify that (1) (this hospital) attended the deceased from 6/25/__, 1966__, that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred at6:45M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE director, page should be filed ATTENDING 6/27/66 DIRECTOR X PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) Benedict, Crownsville. Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soccify) 23c. NAME OF CEMETERY OR CREMATORY 23d, LDCATION (City, town or county) (State) Baltimore, Md. 6-29-66 Mt. Auburn Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marshall W. Jones, Jr. 1735 Harford Ave. VR A15 (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07873 07862 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages on and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE **b.** COUNTY Anne Arundel Anne Arundel Marvland MARYLAND. er b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate umits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSP TAL OR INSTITUTION (14 not in haspital, give street address) d STREET ADDRESS ON A FARM? Anne Arundel General Hospital 134 Porter Drive NO C YES 3 NAME OF Middle pg. Erst 4 DATE Last Year signed by the attending physician and campletely burial-transit permit. Then place remove carban DECEASED Harlan CLEVELAND 19 66 Samuel June (Type or print) DEATH S. SEX IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED AGE (In years PVTV NEVER MARRIED last birthday) Manths Days Hauts dny White Male WIDOWED 1908 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working ite, even if retired) U.S. PALESHAN TFARA, New Hampshire TOODS 13. FATHER'S NAME MOTHER'S MAIDEN NAME or remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, na, or unknown) (If yes give wat at dates of service burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND CEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the prior tal has been fast. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO X this certificate for 20g ACCIDENT WAS UNDERLYING [7] 20b. OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Not While O FUNERAL DIRECTOR: After at work þ 21. I certify that (1) (Michaesation) attended the deceased from MAC. June 9 ____, 19<u>66</u> , that (1) (**bund** last be retained southe deceased alive on June 9 ____19_66, and that death occurred at M, from causes and on the date stated above. 22b. DATE SIGNEO M.D. DIRECTOR PHYS. PHYS 22d. ADORESS NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, Md. director, shauld be BURIAL CREMATION 23b. DATE THEREOF 23c. NAME/OF CEMETERY OR CREMATORS (\$3d. LOCATION (City or Town) (State) YCaunty) 25b. REGISTRAR'S SIGNATURE BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07874 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY Page death ANNE ARUNDEL COUNTY Mary land MARY, AND Anne Arundel parfment b CITY OR TOWN (if outside corporate limits c LENGTH OF STAY IN 16 c CIY OR TOWN (if guitside corporate imits, write RURA, and give nearest town) wr.te RURAL and give pearest town)
Annapolis after Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? form Del haurs Anne Arundel General Hospital 108 Eastern Avenue ate YES NO X 18. Give Page along with f 24 hours after death 3. NAME OF First Lost 4. DATE Month within 72 Year DECEASED RAY CONOUEST (Type or pnnt) June 11 19 66 DEATH with 1 5 SEX 6. COLOR OR RACE 7 MARRIED B DATE OF BIRTH FUNDER 1 YEAR F UNDER 24 HRS NEVER MARRIED AGE (n veors 42 vrs Months Dovs Hours Ma le Colored WIDOWED DIVORCED 1 - 9 - 24Office (tem | guo TDo USUAL OCCUPATION (Give kind of work done IDb K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 2 in penct in I Examiner's (Jamiter Virginia be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred Conquest Edith Finney File 168 Eastern Ave. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT rd "pending" in Chief Medical E remaval, (Yes, no, or triknown) (If yes give war or date; of service) 224 28 5931 Jane E. Conquest Annopolis. Md. TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. ONSET AND DEATH Crushing injuries of chest Ы . IMMEDIATE CAUSE (o) This certificate should e, writing the ward farwarded to the Cl burial, crematian, DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certif cate, YES K NO prior ta 2Do EXTERNAL CAUSE WAS PRIMARY 23 or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lor Port Lof Item 18) should CAUSE OF DEATH Driver Auto-Auto collision agent, 20c. TIME OF INJURY Month Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (County) (Stote) Rowe Boulevard While Not While K may be retained for your FUNERAL DIRECTOR: Page of work 6-11 1966 ½ mile no. Annapolis 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry (noinign ym n. bno death resulted from: Natural causes Accident X Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE he funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** 6-13-66 Russell S. Fisher O FUNER Health NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (County) June 19.1966 Savageville Cem. Onanceck. ADDRESS 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15ME (5) Milanes Judge Church, Va. 6M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07876 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death and completely filted in by the funeral remove carbon papers. Pages 1 and USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Anne Arundel Maryland b CITY OR TOWN III autside carparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corografe limits, write RURA), and give negrest tawn) write RURAL and give negrest town) 25 vrs. Brooklyn Park Brooklyn Park 25 yr
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13. FATHER S NAME Maryland Drydock Henderson, New York 14 MOTHER'S MAIDEN NAM William Crittenton Henrietta Marsh 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates at service) 084-16-4207 Kathryn A. Crittenton - same INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) signed by the buriol-tronsit p buriol, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gave rise to immediate cause (o), **DUE TO** stating the underlying couse os the this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour rim. Not While factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 1966, that-(1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram attended 1953, to Mc14 6 M. fram causes and an the date stated abave 19 6 C, and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22g. SIGNATURE M.D DIRECTOR PHYS , poge 3 be filed 22d. ADDRESS 22c PHYSICIAN'S Marie/Reda. M.D. LO16 Ritchie Hgwy... NAME (Type) Daltimore 25 director, should b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION (County) REMOVAL (Specify) 6-7-1966 Cedar Hill Ritchie Hgwy. . A. A. Co. . Cemetery 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Ochanles VR A15 (4) 20 M 1/66 Baltimore George J. Gonce - 4001 Ritchie Hgwy.,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Anna polls c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Annapolis Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM3-D.O.A. Anne Arundel General Hospital 131 Eastern Avenue Don Middle DATE Month Last DECEASED 13 CROWDY June MARY ELLEN DEATH 66 (Type or print) 19 AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Mar. 14, 1905 Female Negro WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) law regulres that the death certificate be Annapolis, Maryland Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie Myers John 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknym) | (If yes give war or dates of service) William D. Crowdy-131 Eastern Ave. Anna.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO E Cardene de Cenditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO [2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) detached f e Dept. of 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. le leand that death occurred at ZM. from the causes and on the date stated above. 22b. DATE SIGNED 22a_8/GNATURE DIRECTOR M.D. 4 may PHYSICIAN'S NAME (Type) ADDRESS director, p Cathedral Street Annapolis, Md. FAYE ALLEN 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Annapolis, Maryland June 14-66 Brewer Hill 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR I **ADDRESS** 24. FUNERAL DIRECTOR C.E.Hicks 111 Annapolis, Maryland VR A15 (4) 20M 1/65



1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		C7873 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07867
HEALTH DEPT. M	1	PLACE OF DEATH O COUNTY ARYLAND 2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) O STATE W O b. COUNTY Affection
ath If arry delay is ages 1, 2, and 3 ta ith farm PM3. Page State Deportment of 2 hours after death:		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
f mm m Dep		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) D.O.MWorld. ARCHOCL. O SURET ADDRESS Box 224 VYES NO D.
24 hours after death If in Item 18. Give Pages 1, r's Office along with farm expo 2 with the State Death -event within 72 hours		NAME OF DECEASED (Type or print) SEX OG. OR. OR. RACE T. MARRIED N. NEVER MARRIED TO B. DATE OF BIRTH OF DEATH OF DEATH 19 AGE (In verys IFUNDER YEAR YEAR
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	du	O USUAL DECUPATION (Give kind of work done ring most of working life, even if retired) Asphalt Mixer FATHER'S NAME 10b KIND OF BUSINESS OR III BIRTHPLACE (State or foreign country) Retired Rockville, Ma 12 CITIZEN OF WHAT COUNTRY 2 COUNTRY 2 USA
d within in pencil in Examiner Examiner File page		Floyd Cunningham Josephine Alexander WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address
e executed pending" i ef Medical sif permit. remaval,	(Y	(es, no, or unknown) (If yes give wor or dotes of service) Yes WW 11 217-09-5244 Nancy J. Cunningham, same as 2
shauld be executed ne ward "pending" i to the Chief Medical burial-transit permit. matian, ar remaval,		18 CAUSE OF DEATH (Enter only one couse per line (o), (b) ond (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH 4344 DUE TO
5 L = 6		Conditions, if any, which gave tise to immediate cause (a), stating the underlying cause (c) (c)
his certifica ate, writing e farwarded be used as to burial, c	ATION	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
erriffi uld ould prio	L CERTIFICATION	206 DESCRIBE HOW INJURY OCCURRED (Enter notate of injury in Port I of Item IB) PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
JUTY MINTER EXAMINER: Jury, please execute the certificated director. Page 4 should be retained for your files. RAL DIRECTOR: Page 3 should on its designated agent, prince.	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d INJURY OCCURSED While of work 19 foctory, street, office bldg, etc.)
scessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth or its designated age		21. I certify that took charge of the remains described above, held an Autapsy, Inspection, Inquiry and in my opinion death resulted from . Natural causes, Accident, Suicide, Hamicide, Undetermined manner
ry mich. please e erdained at DIRECT		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER
TO DIFFUTY necessary, p the funeral 5 may be n TO FUNERAL Health or it		NAME (Type) LEN MATERIAL - Address (Street, city, town, or county)
10 I he 5 n 10 I	23	Burial 9 June 66 Baltimore National Baltimore Md.
VR A15ME (5)	2	4. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256, REGISTRAR S S GNATURE
0141 17 00 4 3	\blacksquare	Kirkley Funeral Home, Glen Burnie, Mi. WUN 9 1966



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland after AΑ MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Sunset Beach Pasadena Glen Burnie = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8432 Geneva Rd. North Arundel Hosp. within No Di YES executed within <u>000</u> NAME OF First DATE Middle Last Month Day Year DECEASED 6 66 (Type or print) Gordon Dell DEATH 19 6. COLOR OR RACE | 7. MARRIED [1] NEVER MARRIED 5. SEX OATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. White WIDOWEO [DIVORCEO [Apr.10,1915 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mechaniz Maryland that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova John E. Dell Ruth Pritzhett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) ! (If yes give war or dates of service) ermi Family Yes Same cremation. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN **ONSET AND DEATH** transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signe the burial-t or to burial, **DUE TO** law requires Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? 722720 NO IX YES 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) of O OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While 19 at work at work p.m. 3 1966, that (1) (we) last 10 Gerce 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the and that death occurred at 1/7 M from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page DIRECTOR PHYSICIAN'S 22d. **AODRESS** director, should be NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial National 6/6/66 Balto. 24. FUNERAL OIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE McCully Funeral Ho.e 237 Patapsco Ave VR A15 (4) 20M 1/65



	- 1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYI AND
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	y be	page filed		Journal M.O. PHYS. DIRECTOR PHYS.	
	TO HOSPITAL OR ATTENI Page 4 may be retained by Relating	director, postbook should be f		PHYSICIAN'S) NAME (Type) IGNAS SAULYNAS 22d. ADDRESS 31908d auropolis R	٩
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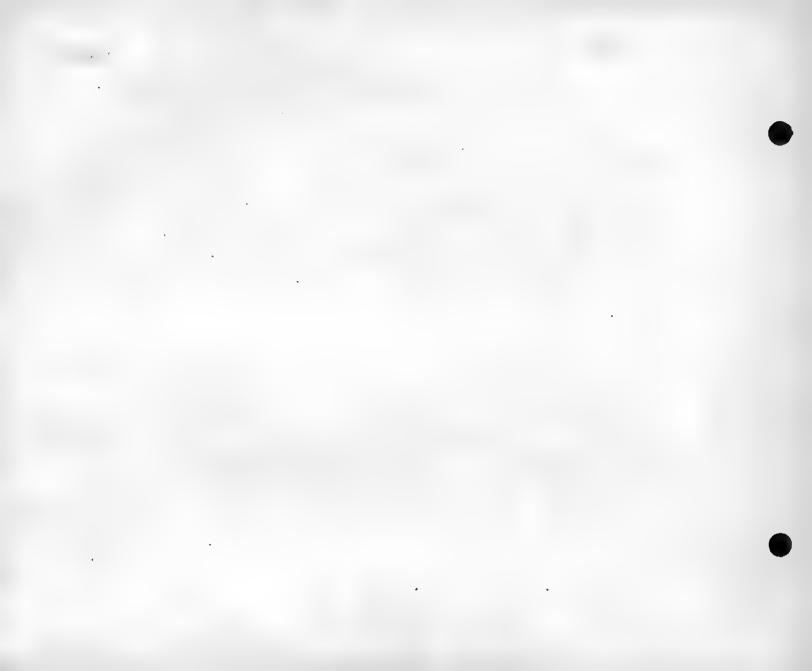
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07881 requires that the death certificate be executed within 24 hours after death. campletely filled in by the funeral ove carban papers. Pagestrand . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give pearest tawn) Annapolis
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Bristol d STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO NAME OF First Middle 4 DATE Last Month Dav Year DECEASED (Type or print) QF 19 66 DORSEY June DEATH S SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED XX 8. DATE OF BIRTH remove Manths last birthaay) Days Haurs Male Negro June 2, 1966 WIDOWED DIVORCED and 10a JSJAL OCCUPATION (Give xind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDLISTRY COUNTRY? Anne Arundel, Maryland Newborn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edith Rebecca Blake James Nathaniel Dorsey the attending passit nermit. The 15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, na, ar unknawn) {(If yes give war ar dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 Hospital records. No crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN būriat-transit buriat, cremati PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) ģ DUE TO signed ! Conditions, if any, which gave rise ta immediate couse (a). DIJE TO stating the underlying cause the has been last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
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,					MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	The law requires that the death certificate be executed within 24 hours after death or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pag should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours		3.	NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) EOWARD T ECKERT DEATH 6 25 1966
	nted	ove c		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	exec	rem rem		108	a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF RUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	e pe	Ficial Fase and i		dur	a. USUAL OCCUPATION (Give kind of work done INDUSTRY Electric Petited) 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY Vestern Electric 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY? COUNTRY? COUNTRY? COUNTRY?
	ficat.	1		13	
	Serti	ding The rem		1.5	WAS DEGRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	eath	atter ermit. nn, or		(Ŷí	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same 219-10-4692 Arm M. Eckert Same
	e e	the particular			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
	iat ti ian.	trans			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jerme at Carecine of Conser and Death
	es th	sign rrial- urial			Conditions, If any, which \ (b)
	quir ng p	to bl			gave rise to Immediate cause (a), stating the DUE TO Plantilogical free to the fellure to the fe
	w re	as the		Z	underlying cause last. (c) the to ratheration 4 house
	The Ta	ate h use alth		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT
	IN: I	for He	Δ	THE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	SICI	s cel			
	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that t Page 4 may be retained by the hospital or attending physician.	r this certif detached for the Dept. of H		MIDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While States Accordance Not While No
	DING Se by	Afte d be Sta		M	21. I certify that (I) (this hospital) attended the deceased from 3 (, 1966 to 2 2 5, 1966, that (I) (we) last
	TEN	TOR:			saw the deceased arive on $9:30/m$. $9/2519.66$, and that death occurred at $9:39$ M, from the causes and on the date stated above.
	R A	d wil			22a. SIGNATURE 22b. DATE SIGNED STAFF
	TAL (AL OIR page e filed	,		22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	SPI e 4 i	O FUNERAL director, p	/		NAME (Type) Paril J. CHARAGE, MD 101 W. Read Steen, Brillioner / Lyst
	Fag Pag	Short		238	REMOVAL (Specify)
		- 0		24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
		A15		LE	CONARD J. RUCK, INC., BAlto., Md. 21214 DATE JUN 29 1966 Icharles Judge
	20N	1 1/63	10		



1	Division of STAT			PARTMENT OF HI I W. PRESTON STRE	EALTH ET, BALTIMORE, MARY	/LAND 21201
1	07883		CERTIFICATE	OF DEATH		07872
	COUNTY Anne Arundel		MARYLAND	2 USUAL RESIDENCE (No. STATE Mary.		ution Residence before odm ssion) UNITY St. Mary sV
P (CITY OR TOWN (If outside corporate his write RURAL and give neorest town) Crounsville		EIBSV	CITY OR TOWN (If au	tside carparate limits, write R	JRAL and give nearest town)
d N	NAME OF HOSPITAL OR INSTITUT ON (IF	nat in haspitol, give stre	et address)	d STREET ADDRESS		o IS RES DENCE ON A FARM? YES [X] NO
3. NA/	ME OF	First Charles	Middle	lost liff	4. DATE Mo OF DEATH	
S SEX				DATE OF BIRTH	9 AGE (In years just birthdoy)	Months Days Haurs Men
10a US during t	SUA, OCCLPATION (Give kind of work do most of working life, even if retired) 니다시다니니다	ne 10b, KIND OF INDUSTRY	BUSINESS OR	St/Masoral	& State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Thers name Unknown Thems	as H 51	iee	14 MOTHER'S MAIDEN I	- Eulia	Nerrs
(Yes, n	AS DECEASED FYER IN US ARMED FORCE a, or unknown) (If yes give wor or date しにい。	s of service) UNK	nown	NFORMANT Hospital (ress
38	B CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU		, and (c)) roncopneum	onia		INTERVA, BETWEEN ONSET AND DEATH
ris	onditions, if any, which gave se to immediate cause (o), ating the underlying cause	(b) UE TO (c)				
A Noire	ART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT General Ar	terioscler	osis		19 WAS AUTOPSY PERFORMED? YES 🔀 NO
	DG ACCIDENT WAS UNDERLYING □ R CONTRIBUTING □ CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)				Port I ar Part II af item 18.)	
MEDICAL	han.	of wark	lat While at wark at wark	CE OF INJURY (Home, farm any, street, office bidg, etc.)	Grownsvi	(County) (Stote)
	21. I certify that (I) (this he saw the deceased alive apter 20, SIGNATURE	ospital) attended th	19 <u>56</u> , and that	6/15/, 1 I death accurred at	8:30 M, fram causes	, 19,66, that (I) (we) to s and an the date stated abov
1	12c PHYSICIAN S	ruly	1 - M.C	22d. ADDRESS	MED STAFF DIRECTOR PHYS.	6/9/66
	NAME (Type) L. Ber	medict, M.J				eni s al, Maryland
23a B	RURIAL, CREMATION 23b. DATE	THEREOF 23c.	NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City Oc T	(County) (State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 27884 and completely filled in by the funeral remave carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel requires that the death certificate be executed within 24 haurs after MARYLAND b CITY OR TOWN (If outside corparate + mits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fown) 10 days Annapolis Severn d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Box-3150 Anne Arundel General Hospital YES NO 3 NAME OF Middle Last DATE Month Day Year DECEASED 19 66 ELWAYS Herbert 20 Charles June (Type or print) DEATH 5 SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED birthday) Doys Dec. 12, 1883 White DIVORCED Male WIDOWED 10a, USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life ever it retired to the life to the lif COUNTRY? New York 200 14. MOTHER'S MAIDEN MAME IS WAS DECEASED EVER IN US ARMED FORCES? A6. SOCIAL SECURITY NO 17 INFORMANT (Yes, no of unknown) (if yes give war ar dates at sepfice Same As #. 213-07-167 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), burial-transit PART I DEATH WAS CAUSED BY: DINSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause the has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO YES -O FUNERAL DIRECTOR: After this certificate far 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s PLACE OF INJURY (Hame, form, (City or town) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Nat While at work at work June 19, 1966, that (1) book last 21. I certify that (I) (the classified attended the deceased fram. 770 1900 10 saw the deceased alive an June 19 19 66, and that death accurred at M, fram causes and on the date stoted above. 220. SIGNATURE 226. DATE SIGNED MED (30 MA) 1 DIRECTOR M.D. PHYS. 22d. ADDRESS O HOSPITAL 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) BUR AL CREMATION 23b DATE THEREOF REMOVAL (Specify) June23 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07885 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functitution Residence before admission) O. COUNTY DA CO. b. COUNTY MM CO MARGIOND. MARYLAND b. CIY OR TOWN (If outside corporate imits c LENGTH OF STAY IN 16 c CITY OR TOWN (It outs de corporate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) Mayothy Beach. en Burnie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCI Item 18 Give Pages 1, Office along with form haurs ON A FARM? D.O. A-NORTH. ARONDEL-HOSPIFAL. la Riverside. Dr. YES NO R Anders Month DECEASED (Type or pont) Fiskaa Avpeas 66 S SEX 6 COLOR OR RACE 7 MARRIED (X) 8 DATE OF BIRTH 12-27-069 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED iost birthday) 12-17-06 WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT duting most of working life, even if retired) INDUSTRY COUNTRY? Stevedore Foreman Norway Chief Medical Examiner's This certificate shauld be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) or removal. 220-07-7816 Mrs. Veronica Fiskas- 6 Riverside Dr. -18. CAUSE OF DEATH (Enter only one couse per june for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardino Procesus DUF TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? YES NO K 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work 5 may be TO FUNERAL DIRECTOR Health at its designated of ot work 21. I certify that I taak charge of the remains-described above, held an Autopsy , Inspection Inquiry and in my apinion Natural causes Accident Suicide Hamicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ____ DEPUTY MEDICAL EXAMINER **EXAMINER'S** 6-15-66 Elishmedt NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Ritchie Hgwy., A.A.Co., Md. Holy Cross Cemetery June 21,1966 24 FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (3) George J. Gonce - 4001 Ritchie Hgwy., Baltimore HIN 2 2 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral nove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a COUNTY a. STATE b. COUNTY Montgomery Anne Arundel Marvland MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give rearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kenwood Park 1 day Annapelis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 6805 Granby St., Anne Arundel General Hospital YES NO X 3 NAME OF DECEASED (Type or print) 4. DATE First Middle Lost Manth Year FLAHERTY 19 66 Carrie L. June DEATH S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED XX NEVER MARRIED last_birthday) Female White WIDOWED DIVORCED March 4, 1894 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Housewife

13. FATHER'S NAME New York State Home_maker 14 MOTHER S MAIDEN NAME Newman Harry Newman Mary ————— IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service Melvin Flaherty Falls Church, Virginia None 18. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c)) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES T O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Nat White at wark 21. I certify that (1) (blacks spiral) attended the deceased fram 6 -//-, 1 sow the deceased clive on June 12 19.66, and that death occurred at 1966, to June 12, 19 65 that (1) ARR last M, fram causes and on the date stated above. 22b. DATE SIGNED 22a, SIGNATURE MED DIRECTOR M.D. PHYS. director, page should be filed 22c. "PHYSICIAN" TO HOSPITAL Cathedral St.k Annapolis, Md. NAME (Type) 121 23d LOCATION (City or Town) 23a BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (County) (State) GATE OF HEAVEN WHEATON. MONTGOMERY, JUNE 16.1966 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORHYSONG FUNERAL HOME 2Sa REC'D BY REGISTRAR 1300-N St. NW

DUBBE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Anne Arundel toons Maryland Anne Arundel MARYLAND b (ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c CFTY OR TDWN (If outside corporate amits, write RURAL and give negrest town) Annapolis
d NAME OF HOSPITAT OR INSTITUTION (If not in hospital, give street address) Annapolis d STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital 45 Blaomebury Square YES NO K 3 NAME OF Middle ease remave carban 4. DATE Lost DECEASED (Type or print) 19 66 FORD June Mildred Alice DEATH K SFX IF UNDER 1 YE 2 IF LINDER 24 HRS 6 COLDR OR RACE B DATE OF BIRTH 9. AGE (In years 7 MARRIED **NEVER MARRIED** pirthday) Aug. 3, 1899 WIDDWED | DIVDREED Female White 10a USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 32 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY South Carolina housewife own home 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Williams unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY ND. 17. INFORMANT Address 214-05-2619R Joseph Ford - dame as #2 1B. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (c) signed by DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) for use Health NO KA 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While 21. 1 certify that (1) (this bosnital) attended the deceased from A 1964, to June 30, 1966, that (1) touch last June 20 1966, and that death accurred at _M, fram causes and an the date stated above. saw the deceased alive on. 22o SUCMANUE director, page 3 should be filed v M.D DIRECTOR PHYS PHYS. 22d ADDRESS NAME (Type) Franklin St., Annapolis, Edward S. Back. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 7/2/66 Glen Haven Ceme terry 256 REGISTRANS SIGNATURE 2Sq REC'D BY REGISTRAR Hopping 1966 Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) h COUNTY and completely filled in by the 1 remove carbon papers. Pages 1 any event, within 72 hours after hours after Anne Arundel Marvland Arundel MARYLAND פחת' b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Millersville Davs Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. (S RESIDENCE DN A FARM? N/H Beach Knollwood Maner 215 Magethy NO X YES executed within NAME DE First Middle Last DATE Month Day Year DECEASED DF PAUL DEATH (Type or print) HENRY FOREMAN 66 June 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO X NEVER MARRIEO iast birthday) | Months | Days Hours Male White WIDOWED DIVORCED [1895 June 75. 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) physician a Æ 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? and Butler Bres. Maryland law requires that the death certificate Engineer Aaltimore 5 0 13. FATHER'S NAME MOTHER'S MAIDEN NAME Jackson illian Foreman Mumau 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address cremation, or r (Yes, no. or unkown) | (If yes give war or dates of service) 212-03-1962+A (wife) Mrs.Carrie Foreman Same as #2 none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician. IMMEDIATE CAUSE (a the burial-tr 200 DUE TO Carl Conditions, if any, which (b) rise to immediate **OUE TO** cause (a), stating underlying cause last. a E (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use PERFORMEO? O FUNERAL DIRECTOR: After this certificate director, gage 3 should be detached for use should be filed with the State Dept. of Health 72222 NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, (County) (State) 2Dd, INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Militaria Morne 19 66 and that death occurred at 5 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. Page 4 may 22d. ADDRESS PHYSICIAN'S NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREO June 29,1966 Lerraine Auria] Cemeterv tery | Haltimore Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4) Richard V. Singleton Glan Burnia, Md. OATE 15M 4-64



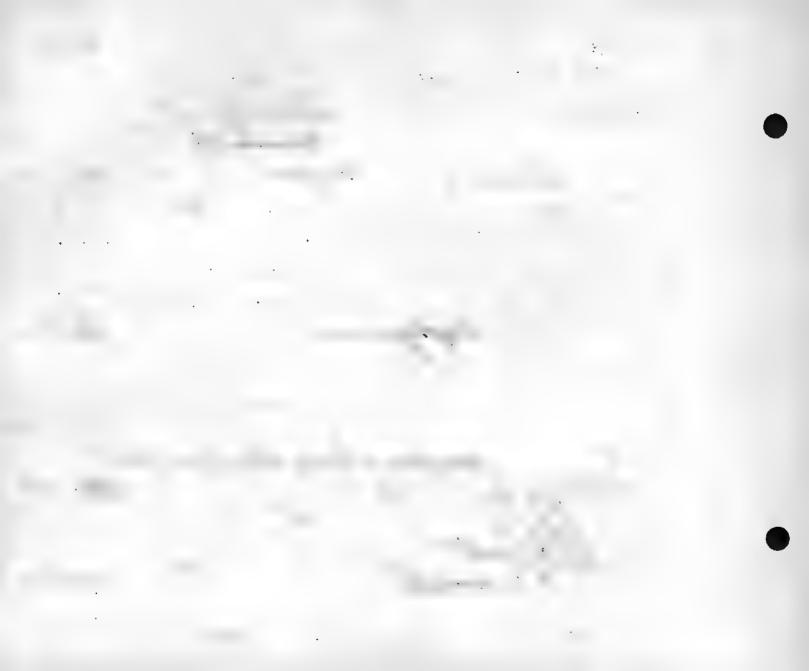
	DIVISION OF STATISTICAL E	ESTAPON AND PEODES	. 301 W. PRESTON STREET	r. BALTIMORE 1. MA	PVIAND
M -	07883	CERTIFICAT	E OF DEATH	() 2	878
/ T	PLACE OF DEATH		a, STATE	eased lived, if institution heside	nce before admission)
	b. CITY OR TOWN (if outside corporete limits, printing RUPAL and give neasest lown)	c. LENGTH OF STAY IN 16	c. CHY ON TOWN (If outside corpo	tele limits, write RURAL and grad	Rearest town)
	T. NAME OF HOSPITAL OR HISTITUTION (II not	in hospital, grys/street eddress)	d, STREET ADDRESS	co mex	IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED	Middle Middle	Last 4. DATE	Month Day	YES NO X
) 57	(Type or print) 6. COLOR OR BACE 7. N	MARRIED NEVER MARRIED B.	DATE OF BIRTH 9.	AGE (In years IF UNDER I YEAR	1966 IF UNDER 24 HRS. Hours Min.
10	7000	DOWED DIVORCED , 9	11. BIRTHPYACE (County & Steley or I	3 C yn. _	OF WHAT COUNTRY
13	Rewed	<u> </u>	A. MOTHER'S MAIDEN HAME	va an	DOA:
	WAS DECEASED EVER IN U.S. ARMED FORCES?		Cament,	2. Hodeless To	land
-	es, no, or unkown) (If yas give were released services 18. CAUSE OF DEATH Enter only one cous	21454-0802166	squialles	rowi Gam	brills HTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cercline to	ieles	2	OG PS
	Conditions, if any, which (b)	Televotic	Cardio L	lascula	/
	(a), steting the underlying DUE TO cause last.	Heseese-	•		
CATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(6)	PERFORMED?
CERTIFICATI	20h. ACCIDENT WAS UNDERLYING [20h OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	Enter neture of injury in Pert I or Part (I	of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.		OF INJURY (Home, farm, 20f. (City y, street, office bldg., etc.)	or lown) (County)	(State)
	21. I certify that (I) (this pospital) saw the deceased alive on	10/-	eath occurred at 7.5.M, from	the causes and on the di	
	22a. SIGNADURE	el C MD	ATTENDING MED.	STAFF PHYS.	6/10/SIGNE
1	22c. PHYSICIAN'S NAME (Type)	920uber	11/30 Cle	tou Ad El	Lecture 4
23	MANOYAL ISONCHINE	123c. NAME OF CEMETERY OF	OFFICE 23d JOCA	NION (City, lowards abunty)	math
0 3	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGIST	RAR 256. REGISTRAR'S SIGN	ATURE
1/	Villiam Reese #1	Much 11/0	COMUN 14 1	966 ycharles	ware.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 87890 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ATTHE Arundel · Maryland Baltimore Gity ve carban papers. Pages 1 event, within 72 hours after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RIIRAL and give regrest town) lmo. 26 days 8altimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State Hospital 227 Midland Avenue YES NO X Fist Middle 4 DATE Year DECEASED 3-#31784 Robert Frier 6 8 1966 DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7 MARRIED **NEVER MARRIED** lost burthday) Male Negro July 12, 1897 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY signed by the attending phystram burial-transit permit. Then places burial, crematian, or removal and South Carolina 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Peter Frier Margaret Johnson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes give wor or dates of service) 219-06-37 Hospital Records 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Cerebrovascular Accident IMMEDIATE CAUSE (o) Disease DUE TO Hypertensive Arteriosclerotic Cardiovaecular Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS! PERFORMED? Dehydration & Inanition Hypostatic Pneumonia NO M 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year While of work of work foctory_street_office bldg., etc.) 19_66, to 6/8 _, 1955 , that (I) (we) last 2). I certify that (I) (this baspital) attended the deceased fram. director, page 3 shauld shauld be filed with the 219 66, and that death accurred at 1:30M, fram causes and an the date stated above. saw the deceased glive and 15/8 22b. DATE SIGNED 6/8/66 SIGNATURE ATTENDING STAFF PHYS. DIRECTOR **C.M** 22d. ADDRESS PHYSICIAN'S McHenry NAME (Type) Crownsville State Hospital, Maryland M. D. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, DATE THEREOF (Stote) FR5MOTAL (Specify) Cenetry ABaltimore Md 24 FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE JAIN



TO SEE THE STATE OF BEATH SECURITY NO. 13. NAME OF BEATH SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1012 Address From Members 1. Security 1. Securi	80 pre admission)
a. COUNTY (Anne Arundel) (Anne Arundel) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) (C. CITY OR	/
D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1D brits RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1D brits RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest outside limits. D. CITY OR TOWN (if	
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DIE OF BIRTH 39. AGE (In yeers IFUNOER 1 YEAR IFU Months Days How and the print of th	
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DIE OF BIRTH 39. AGE (In yeers IFUNOER 1 YEAR IFU Months Days How and the print of th	earest/town)
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Crype or print) S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DIVORCED 18. DIVORCED 19. AGE (in years if UNDER 1 year	N A FARM?
Type or print) Composition Composition	Year
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED Aug. 26, 1933 WIOOWED DIVORCED Aug. 26, 1933	1966
10a. USUAL OCCUPATION (Give kind of work done industry) 11a. BIRTHPLACE (state or foreign country) 11b. KINDUSTRY Maryland 11c. CITIZEN OF COUNTRY? Maryland 11d. MOTHER'S MAJOEN NAME 12d. CAUSE OF DEATH [Enter only one ceuse per line for (a), a), and (c).] 11. BIRTHPLACE (state or foreign country) Maryland 12d. CITIZEN OF COUNTRY? Maryland 12d. Mother's Majoen NAME Uiola Jane Martin 1012 Address enock Rd. No None 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), a), and (c).]	OUTS Min.
13. FATHER'S NAME Comparison of the control of t	WHAT
13. FATHER'S NAME Comparison of the control of t	
Edward G. McDonald 15. WAS GECEASED EVER IN U.S. ARMEO FORCES? (Yes, po, or unknown) (If yes give war or dates of service) No None 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), a), and (c).] [Address of Mark of Ma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1012 Address 10 service) 16. SOCIAL SECURITY NO. 17. INFORMANT 1012 Address 10 service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (a), and (c).] 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (a), and (c).]	_
18. CAUSE OF DEATH [Enter only one ceuse per line for (a) (a), and (c).]	
PART I. DEATH WAS GAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which Conditions, If any, which Conditions, If any, which DUE TO Conditions, If any, which Conditions, If any, which Conditions, If any, which DUE TO Conditions, If any, which	L BETWEEN
Conditions, if any, which (b)	AND DEATH
Conditions, if any, which (b)	
8 8 2 E E gave rise to immedieta (
Cause (a), stating the DUE TO underlying cause lest. (c) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. W	4
Uniderlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY REFORMED?
YES 1	
TO THE PARTY CAUSE WAS 1 AND 1	
PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. PRIMARY FOR CONTRIBUTING	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work	MA
	my opinion
21. I certify that took charge of the remains described above, held an Autops, Inspection, Inquiry, and If death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
	ATE SIGNED
ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER OEPUT	1.
EXAMINER'S NAME (Type) 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)	106
EXAMINER'S NAME (Type) 23a. Burnal, Cremation, 23b. Oate thereof 23c. Name of Cemetery Or Crematory 23d. Location (City, town or county) REMOVAL (Specify) June 28, 1966 Arlington National Cem. Arlington, Virginia	(State)
ADDRESS 1.252 REC'D EX REC'D E	
VR ALSME (5) Sarrer E. Pumphrey, Inc. Silver Spring, Md. DATE JUL 1 1966 Paralley	IRE udge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. funeral and, de at PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY ilnne. the MARYLAND Com. b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN/(If outside corporate limits, write RURAL and give nearest town) papers. Pag write RURAL and give nearest town) 24 hours .⊑ urr 12. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Lake Shore Dr. NO X YES law requires that the death certificate be executed within NAME DE First Middle DATE Last 4. Month Day Year DECEASED (Type or print) DEATH June 25, 1966 19 SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED W NEVER MARRIED last_birthday) Months | Days Hours and DIVORCED | 5 yrs. attending physician a ermit. Then please re on, or removal, and in .5 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND DF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) COUNTRY? 172016 FATHER'S NAME MOTHER'S MAIDEN NAME John Shivers Clara Singer ed by the attend transit permit. cremation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address Lake Shore Dr. Pasedena. Md. (Yes, no, or unkewn) (If yes give war or dates of service) 217-12-0249 I. Gerwig Box143- Rt. 10 Mr. Wendell No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH al-transit signed by PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the the hospital or attending physician, IMMEDIATE CAUSE (a) burfal-burial, DUE TO Conditions, If any, which (b) certificate has been gave rise to immediate r the DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY for use Health PERFORMED? YES [ND 137164 the detached for State Dept. of H 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ‡ MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. After While Not While Page 4 may be retained by at work 19 at work FUNERAL DIRECTOR: P director, page 3 should should be filed with the the 21. I certify that (!) (this hospital) attended the deceased from 19/3/ 19.4 . that (I) (we) last saw the deceased alive on and that death occurred at-5 CM. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. TO FUNERAL director, p ADDRESS BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial 28. 1966 Loudon Park Cem. Balto. Md. June FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Truman Schwab 3512 Frederick Ave. VR AI5 (4) 20M 1/65 Balto. Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution Residence before admission a. COUNTY **b.** COUNTY Page 0 death. Anne Arundel ᇹ Maryland MARYLAND deloy b CTY OR TOWN (If outside carparate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) P.M3 after Deport Baltimore Annapolis d NAME OF HOSPITAL OR INSTITUTION (If pat in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? form hours Anne Arundel General Hospital 3654 Old York Road **Give Poges** ø YES NO E 0 hours after death Office along with 3 NAME OF First Midd e 4 GATE in Day Year within 72 DECEASED Lee June 26 66 Type or part DONALD GILL 19 DEATH with S SEX 7 MARRIED X IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years **NEVER MARRIED** rthday) Manths Days Hours Item 18 September 24, Male White WIDOWED DIVORCED event puo 10a USUAL OCCLPATION (Give kind of work done KIND OF BUSINESS OR 10h. 11 BIRTHPLACE (State or foreign country) 2 CITIZEN OF WHAT during most of working life, even if refixed)
Foreman - General Construction Co. COUNTRY? 24 Oklahoma ⊆ Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Ralph Gi11 Myrtle File pending" in IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT permit. removal. (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Catherine A. Gill same address as above 442-46-0565 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN **burrol-transit** ONSET AND DEATH 5 IMMEDIATE CAUSE (6) Asphyxia writing the word cremotion, DUE TO Conditions, if any, which gave Drowning. (b) be forwarded to rise to immediate cause (o). DUE TO storing the underlying cause В last. burial used WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERT F CATION the certificate, YES XX 0 40 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Part I or Part 1) of Item 1B.) its designated ogent, prior should PR MARY IS or CONTRIBUTING should Accidental drowning at Sandy Point State Park files CAUSE OF DEATH MED CAL 20d INJURY OCCURRED A 20e PLACE OF INJURY (Hame form. ((tv or town) 20c TIME OF INJURY Month, Day Year (County) (State) 19 66 factory, street, office bldg., etc.) 26 Not White moy be retained for your FUNERAL DIRECTOR: Poge at work Beach please execute at wark Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion deoth resulted from: the funeral director Noturol couses Agtident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER 🔀 SIGNATURE DEPUTY 6/27/66 Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) 6/30/1966 Woodlawn Cemetery Woodlawn, Maryland 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b Marley VR ATSME (S



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07894 death. within 24 haurs after death by the funeral Pages 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY filled in by ...
papers. Pages 1 c. 5. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b CITY OR TOWN (If auts de corporate limits, write RURAL and give neorest town) c LENGTH OF STAY IN 15 c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Annapolis 23 davs Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 11 First St., Greenwood Acres Anne Arundel General Hospital NO TX 3 NAME OF Middie 4 DATE Month UQQ Lost DECEASED 1966 GRABENSTEIN June Edward Bernard (Type or print) DEATH requires that the death certificate be executed S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** birthday) ttending physician and conrmit. Then please remay , ar remayal, and in any e Male White Nov. 25, 1895 WIDOWED DIVORCED 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if cetired)
retired Machinist INDUSTRY Railroad COUNTRY? Cumberland Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Julius Grabenstein Mary Katherine Martz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) son: Anthony Grabenstein - same as #2 signed by the after burial-transit perm burial, crematian, a INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the prior tak Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(c) be detached far use State Dept. of Health 200 ACCIDENT WAS JINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While HOSPITAL OR ATTENDING ot work at work L 1966, that (I) (369 last to June 6. 21. I certify that (I) (INDENDEDICAL) attended the deceased from lirector, page 3 should should be filed with the saw the deceased alive an June 6, 1966, and that death accurred at M. from causes and an the date stated above. 22b. DATE SIGNED 22c SIGNATURE MED. STAFF 6/7/66 M.D. DIRECTOR PHYS 22d. ADDRESS ZZC PHYS CIAN'S NAME (Type) Richard N. Peeler. M.D. 121 Cathedral St., Annapolis, Md. 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL CREMATION. Burial (Specify) St. Peter & Faul Cemetery June 10.1966 0 et.ery Cumberland
250 REC'D BY REGISTRAR'S SIGNATURE Between Dereck, Hopping Derecky & VII A15 (4) Hopping Funeral Home - Annapolis 20 M 1/66

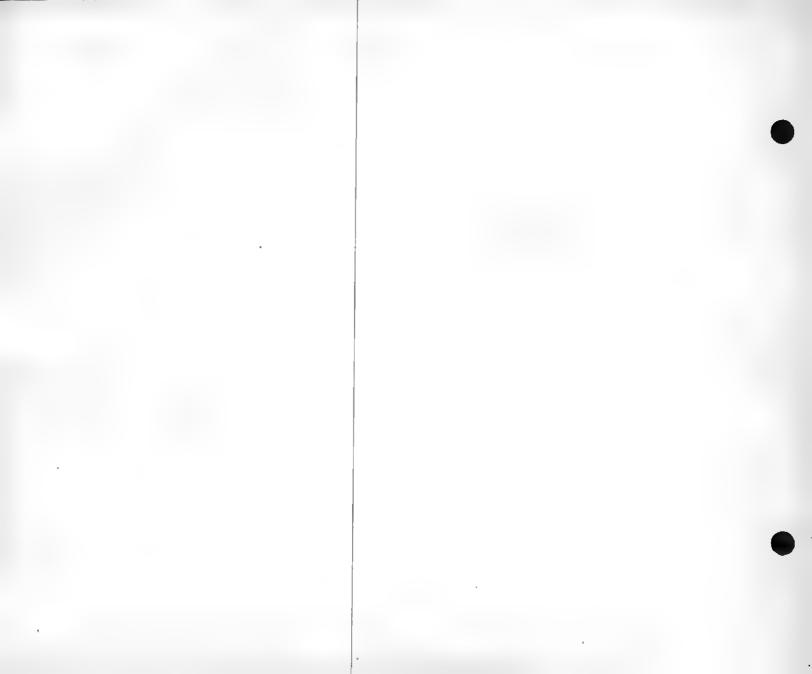
. 5,

/ 4		Onone	CERTIFICATE	OF DEATH			07884	1
	1	PLACE OF DEATH	CERTIFICATE	2. USUAL RESIDENCE (V	Where dece	osed lived of instituti		<u> </u>
		o. COUNTY Anne Arundel	MARYLAND	o. STATE Mary	/lamo	b. coun	ITY	,
		b City OR TOWN (If autside carparate limits, write RURAL and give nearest town) LTOWNSVILLE	C LENGTH OF STAY IN 16	c CITY OR TOWN (If ou		rate limits, write RUR	AL and give near	rest tawn)
		A NAME OF HOSPITAL OR INSTITUTION (If not in hospital	15 years	Baltimo	ore			• IS RESIDENCE
		Crownsville State Hospi	*	Unknowr	1			ON A FARM? YES NO
	3.	NAME OF First	Middle	Last	4 DATE OF	Mant		ay Year
		(Type or print) #12637 Henry		Green	DEAT		2	
		SEX 6 COLOR OR RACE 7 MARRIED WIDOWED		DATE OF BIRTH 13/28/1887	7	9 AGE (In years last birthday) 78 yrs.	Months Doy	
	10a dur	ring most of working life, even if retired)	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	& State or	foreign country)	12. CITIZEN COUNTR LISA	Y 2
	13.	Hod Carrier -		14. MOTHER 5 MAIDEN ?			1 120	-
		Dan Green		Susi	i. e Bu	tler		
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 es, no, ar unknawn) { If yes give war ar dates of service	SOCIAL SECURITY NO. 17, II	NFORMANT		Addre	SS	
		No.	Unknown	Hospital	l Red	lords		
		B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY	or (a), (b), and (c).)				1	NTERVAL BETWEEN ONSET AND DEATH
		14.200 IMMEDIATE CAUSE (a)	Inanitio	n and Denyt	urati	.0П		
		Canditians, if any, which gave) (b)	Arteriosc.	leratic Hea	ert C)isease		
		rise to immediate cause (a), stating the underlying cause DUE TO						
		lost. (c)						
	No.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	NDITION GI	VEN IN PART 1(0)	1	9. WAS AUTOPSY PERFORMED?
\cap	CATR	Mult:	inle Decubitus DESCRIBE HOW INJURY OCCURRED (£	D-4 1 D	11 . 5 . 6 36 3		YES NO
	L CERTIFICATION	205. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INDUST OCCURRED (- 11 OI Hem 16.)		
	MEDICAL	20k. TIME OF INJURY Month, Day, Year Hour a.m. While at we	e Nat While facto	E OF INJURY (Hame, farm pry. street, office bidg , etc.)		(City or town)	(County)	(State)
		21. I certify that (I) (this haspital) atte	nded the deceased fram	2/2/	9. 51,	to6/	2/, 19,66,	that (I) (we) last
			74/19 <u>_66</u> , and that	deoth occurred at	2:45	M, from couses		
		220 SIGNATURE	Diss M.D	ATTENDING D. PHYS	MED. DIRECTOR	STAFF PHYS.	22b. DATE SI	IGNED
		22c. PHYSICIAN'S		22d. ADDRESS				
		NAME (Type) Hildagard Hea	rd Reissran, M		nsvil	lle, Lary		
1								
1	230	REMOVAL Specify) 23b DATE THEREOF	23c NAME OF CEMETERY OR C		23d	OCATION (City of Joy	vn) (cour	(Stote)
	230	REMOVAL Specify) 6-24 66	ADDRESS 10 8	REMATORY 25a. REC'E	73	xetimo	(Cour Cour GISTRAR SIGNAT	1

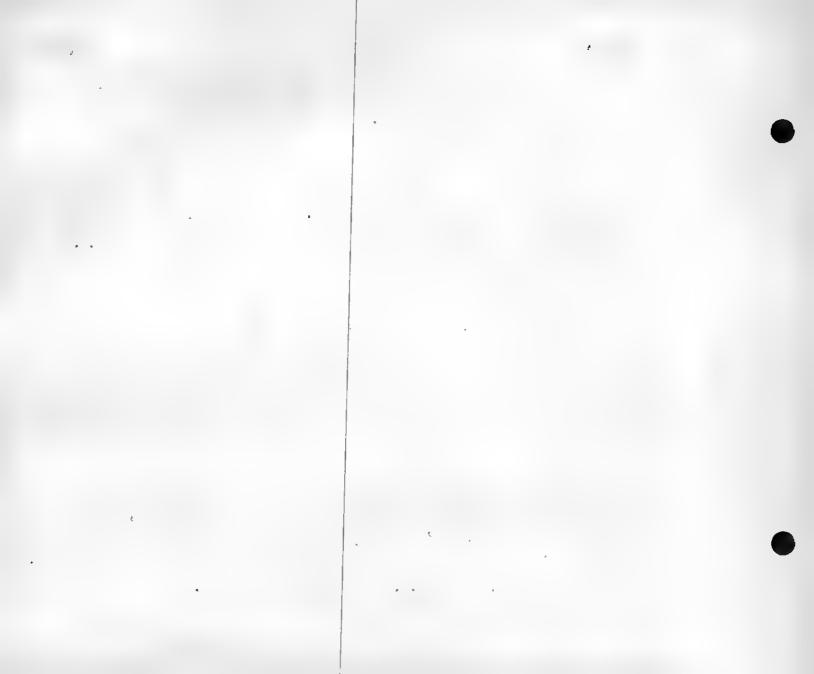


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) o COUNTY b COUNTY Page ofter deoth. MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b mets write RURAL ond write RURAL and give neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street podress) e IS RESIDENCE hote De Office olong with form ON A FARM? Item 18 Give Poges YES -NO X 3 NAME OF first Middle DATE DECEASED OF DEATH EL. (Type or print) S SEX 6. COLOR OR RACE AGE (n years IF UNDER 24 HRS NEVER MARRIED by Inday) Months Haurs Doys hours WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired)

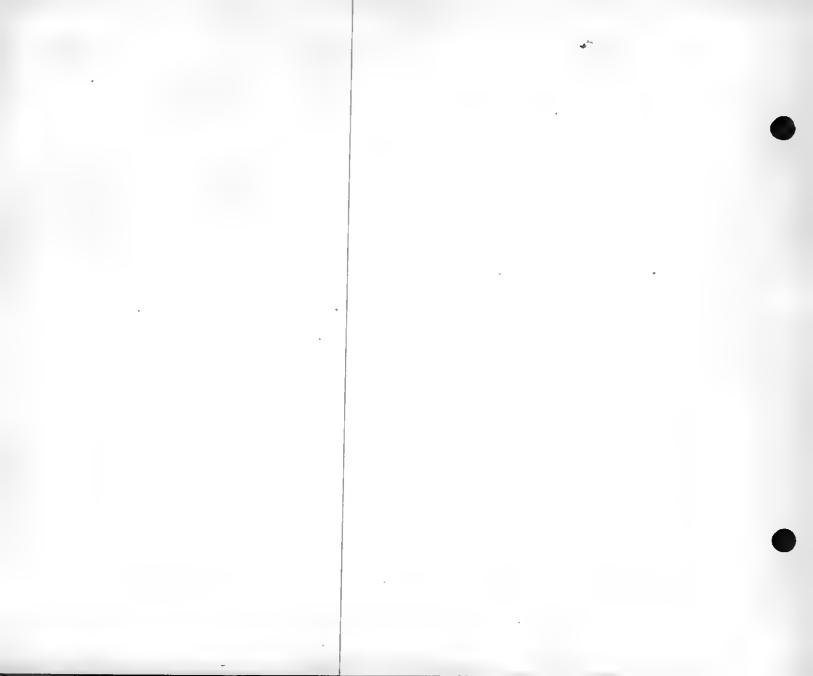
13. FATHER'S NAME KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? ΔUO d'ipending in pencil in Chief Medicol Exominer's pages in ony be executed within pup Rov Grimes Roberta Price IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address or removol. (Yes no, or unknown) [(If yes give wor or dates of service) irs. Kate Grimes same as #2 above 18 CAUSE OF DEATH (Enter only one couse per line for (o INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) certificate should word cremotion, DUE TO forwarded to the Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse buriol. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) Nθ 200 EXTERNAL CAUSE WAS designoted agent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port L of Item 18) plaous PRIMARY OF CONTRIBUTING CAUSE OF DEATH PLACE OF INJUR 20¢ TIME OF NURY Month, Day, Year 20d INJURY OCCURRED (Stote) foctory, street off ce bldg , etc.) Wh le Not While FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described obove, held an Autopsy Inspection Inquiry death resulted from: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 6 **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) CEMETERY OR CREMATORY BUR AL. CREMATION 23d LOCATION (City or Town) (County) 0 REMOVAL (Specify) 6/30/66 Memorial Cemetery Buria millersville 25b REGISTRAR S SIGNATURE 2SO REC'D BY REGISTRAR Hopping Munices VR A15ME (5) Annabolis 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07897 requires that the death certificate be executed within 24 haurs after death filled in by the funeral popers. Pages I and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RJRAL and give nearest tawn) Shady Side Annapolis 40 m1
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 40 min. d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO 3. NAME OF First Middle tast 4 DATE Manth Day Year DECEASED OF GRINER 19 66 Norman June 24 Type or print) George DEATH 5 SEX 6 COLOR OR RACE 9. AGE IF UNDER YEAR IF JNDER 24 HRS. 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH n years lası 5 birthdoy) 2 yrs Months Dovs Hours Male White WIDOWED DIVORCED Sept. 14. signed by the ottending physician and buriol-transit permit. Then please rent buriol, cremation, or removal, and in ah 10o. USUAL OCCUPATION (Give kind of work done Ob, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mass of yarking the, even if retired) Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ARKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates af service 18. CAUSE OF DEATH (Enter only one cause per lines PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause as the hos been lgst. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO IO O FUNERAL DIRECTOR: After this certificote 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg , etc.) Not While , to June 24., 1966, that (I) (size) last 21. I certify that (I) (thischaspital) attended the deceased fram. be retained director, page 3 should should be filed with the June 24, 19 66, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Shady Side. Md 23d, LOCATION (City of Town) 23b. DATE THEREOI NAME OF CEMETERY OR CREMATORY BURNAL, CREMATION 23c. (County) (Stote) REMOVAL (Specify) 1esu1 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Melianter 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07887 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY Anne Arundel Page Maryland b COUNTY Anne Arundel 10 ġ, after death MARYLAND ment b CTY OR TOWN (If outside carparate imits, c LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate i mits, write RURAL and give nearest town) and and give Grest town Pasadena Departr d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC hours ON A FARM? North Arundel Hospital Box 468-Route 11, Elizabeth Rd. Give Pages ate YES NO after death alang with 3 NAME OF First Middle DATE lost Month 5 Year DECEASED June 1066 with the within Type or print) LTLLTAN HANDY DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years F UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARR ED 39 yrs Months Doys Hours Female Negro 1-92977 haurs WIDOWED DIVORCED lem] event 100 USUAL OCCUPAT ON (Give kind of work done K ND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) NDUSIRY , Q, Co AT HOME \subseteq within pencil Examina 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME SARAN FI BROOKS File gud .⊆ 17. INFORMANT 16 SOC AL SECURITY NO be executed 'pending" ir ief Medical permit. (Yes, na, or unknown) (If yes give war at dates of service removal 911 S. SHARP ST NO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tmms/f PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic heart disease Ь IMMEDIATE CAUSE (a) certificate shauld e, writing the ward forwarded ta the Ch crematian, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a) DUE TO stating the underlying cause 0 SD last. burial, 0 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS CERTIFICATION PERFORMED? the certificate. YES 🛣 NO. p 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port or Port II of item 18.) agent, prior 10.5 PRIMARY ar CONTRIBUTING CAUSE OF DEATH. shoul EXAMINER: 20c. TIME OF INJURY Month, Dov. Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Hame form, 20f (City or town) (County) (Stote) Haur o.m. factory, street, affice bldg., etc.) While Not While NUMBER DIMECTOR: Page 19 ot work ot wark designated 21. I certify that I taok charge of the remains described above, held an Autopsy [X] Inspection [Inquiry and in my opinion Natural causes X Accident | death resulted fram: Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** funeral DEPUTY 6-6-66 ы DEPUTY MEDICAL EXAMINER S. Fisher, M.D. **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) the 23c NAME OF CEMETERY OR CREMATORY 23d 10(ATION (City or Tawn) BURIAL CREMATION (State) (County) 0 NOT 210N CHURCH MAGOTH 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE cp. Hope L35N Gilmon St VR A15ME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #5 & CERTIFICATE OF DEATH 07888 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residen SVILLE) ANNE HRUND/E MARYLAND rince George CLENGTH OF STAY IN 15 de carparate limits, write RURAL and give nearest tawn) Parkway Estates Hyattsville, Maryland -ROWNSVI d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS CROWNSTILLE YES NO DO 4839 67th Avenue NAME OF Middle 4. DATE carban Fyst Doy Year DECEASED JUNE OF DEATH 1966 Type or print AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR **NEVER MARRIED** DATE OF BIRTH Months Hours DIVORCED 10o USUA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MINING MINNER 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME AECHEL GEORGE HILEMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of upknown) ((If yes give war ar dates of service) 17. INFORMANT Address FRANK 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPS! PERFORMED? detached for use te Dept. af Health APTERUDSCLEROUS. SYNDROME NO O FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (County) Not While factory, street, office bldg., etc.) 2) I certify that (1) (this haspital) attended the deceased fram 5-26, 1966, to 6-4-, 1966 that (1) (we) last saw the deceased alive on 16-4-, 1966 and that death occurred at 5 PM, from causes and on the date stated obove. 6-4- 19 6 6that (1) (we) last saw the deceased alive on. 220. SIGNATURE **ATTENDING** director, page 3 should be filed v DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City or Town) 230 BUR AL, CREMATION DATE THEREOF (County) (Stote) BURICU (Specify) 1ta lerra. 250 BEC'D BY REGISTRAR REGISJRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

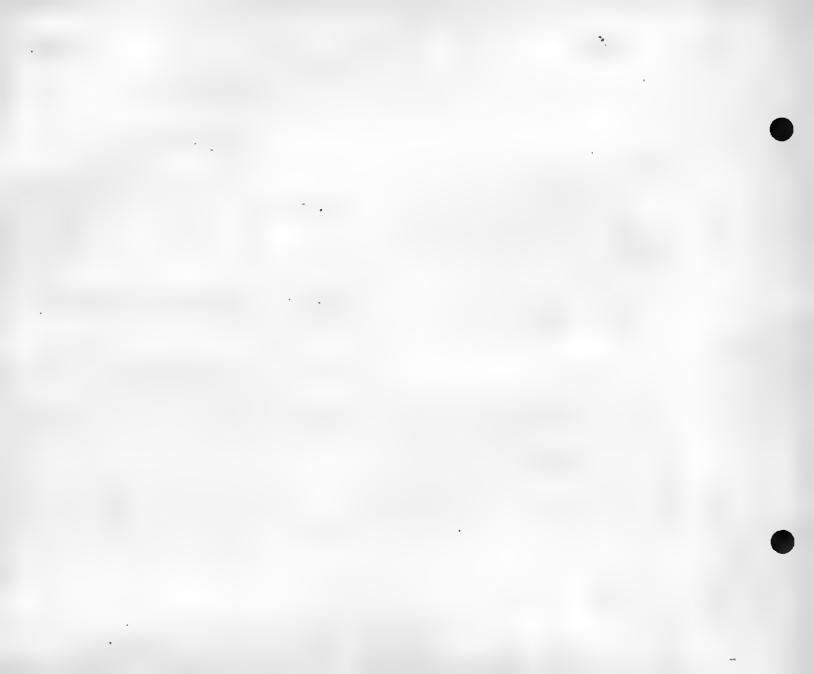


_	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	07900 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07889
HEALTH DEPT	PLACE OF DEATH O COUNTY O STATE D COUNTY D COUNTY O STATE D COUNTY
ay is 13 to Poge ent of	H. // CO MARYLAND PAGE ANCO
	b CITY OR TOWN (floutside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (floutside corporate limits write RURA, and give nearest town)
f cny de 1, 2, ond m PM3 Deportmans offerers	Jevern- Mary 1870.
D D	d NAME OF HOSPITAL OR INSTITUTION (if not in hospito give street address) d STREET ADDRESS e S RESIDENCE ON A FARM?
	1).O.A.NORIA. ARONDEL _ RES / . 12043 " YES NO E
within 24 haurs after death I pencil in Item 18 Give Poges comner's Office along with foi te pages I and 2 with The State te pages I and 2 with The State	3 NAME OF DECEASED First Middle Lost 4 DATE Month Doy Year DECEASED
o de la	[Type or print] /770 77775 / DEATH 6 19 C C
# 8 B	Just purfindoy) Months Days Hours Min
haurs Item 1 Office I and 2 event	March 7. 1901 (20) 15415
tin 24 haurs nal in Item I nner's Office pages I and 2 in any event	during most of working life even if retired)INDUSTRY
n 24 Il in ler's ges l	Chauffeur Trucking Baltimore Md ISA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
iffirm sm:n pd(
d with per Exor	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address
interior in the state of the st	(Yes, no, or unknown) (If yes give wor or dofes of service) 217-07-6658 Mrs. Betty Peddicord. Millersyille, Ma.
should be executed within the word "pending" in pendil of the Chief Medical Exomine burial-transit permit. File pagmotion, or removal, and in a	18. CAUSE OF DEATH (Enter only one couse per line local), (b), and (c).)
be "pe hief hief onsit or n	PART I. DEATH WAS CAUSED BY ONSET AND DEATH
Para Para Para Para Para Para Para Para	4344 DUE TO
the string of th	Conditions, if any, which gave) (b)
ate should g the word to the C o buriol-fr	rise to immediate couse (a), Stoting the underlying couse DUE TO
ertricate should writing the word rwarded to the C sed os a burial-tr.	lost (c)
This certificate should cate, writing the word be forwarded to the Ch ibe used as a burial-tre if burial, cremotion, in	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
his ote, ote for the horizont	AES NO
독교 교호	PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PERFORMED? YES NO 201 DESCR BE HOW IN. JRY OCCURRED (Enter noture of in ury in Port II of Item 1B.) PERFORMED? YES NO CAUSE OF DEATH CAUSE OF DEATH
INER: 1 be cert fice should b files. 3 should ent, prior	
EXAMINER: T ute the cert fice oge 4 should b your files. Poge 3 should ed ogent, prior	20c T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg., etc.) (City or town) (County) (State)
L EXA ecute Poge ar you R: Pog	p.m. of work in the state of th
leb. AL EX Beese executive Pog innector Pog anned far y MRECTOR: Pod designated	21 certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinia
Sign Sign	death resulted fram Natural causes , Accident , Suicide , Homicide , Undetermined manner
ME obleate dure etaii bra s de	ACTUAL 22 DATE SIGNED
UTY M ory, ple erol dl be ret RAL D or its	DEPUTY MEDITAL EVANILLED
o DEPUTY MED. AL EXAM necessory, please execute the the funerol director Poge 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health or its designated age	NAME (Type) E. LIN harecol. Address (Street, city, lown, or county) G-19-GG
o DEPL necesso the fun 5 moy 0 FUNEI Health	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
E - 2. E - 10	REMOVAL (Specify) Burial 22 June 66 Glen Haven Memorial Glen Burnie Mi. 24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 250 REGISTRAR S SIGNATURE
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE
6M 1/66	Kirkley Funeral Home, Glen Burnie, Md. DATIN 2 2 1966 Icharles Judge



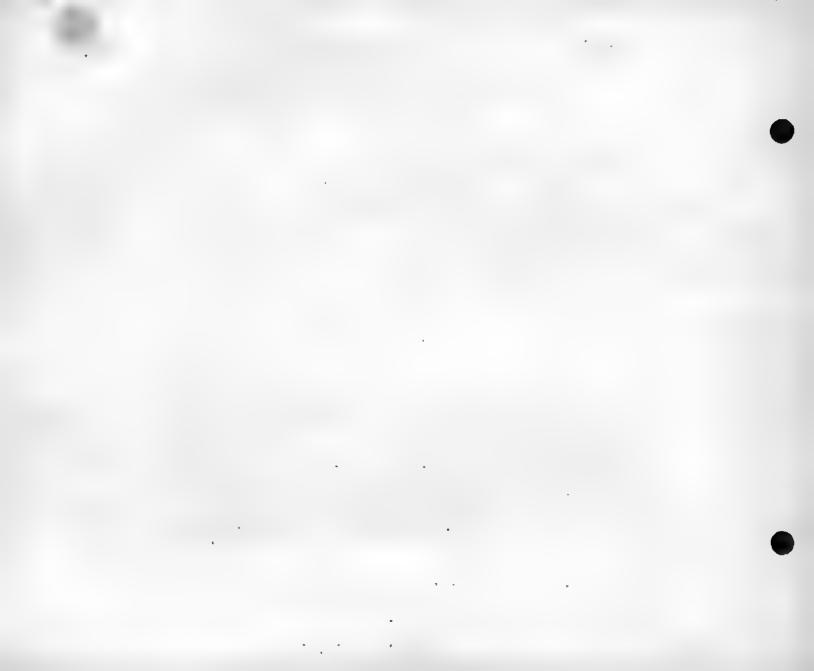
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH remuires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral o. COUNTY p. STATE b. COUNTY Anne Arundel MARYLAND CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2 months Riva Hnnapolis d STREET ADDRESS Riverview d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? NAME OF Middle 4 DATE First LOST Day Year DECEASED INR (Type or print) DEATH 1966 S SEX AGE (In years IF JNDER I YEAR IF UNDER 24 HRS COLOR OR RACE 7 MARRIED NÉVER MARRIED egnave onve Months Days Hours DIVORCED WIDOWED 10a USUAL OCCUPAT ON (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)

Novice Housewife physician on please COUNTRY INDUSTRY WANA Own Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, the attending physnsit permit. Then p Jacob Dawson Stone WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI va May Williams Riverview (Yes, no, or noknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse prior to l has been lost. WAS AUTOPS? PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ND be retained by the haspital or O FUNERAL DIRECTOR: After this certificate Ö 20o. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20c, TIME OF INJURY Manth, Day, Year (City or town) (County) Hour o.m. factory, street, office bldg. etc.) of work ot work I certify that (1) (this hospital) attended the deceased from director, page 3 shauld should be filed with the 19 65 and that death accurred at 3:30 PM, fram causes and an the date stated above saw the deceased alive an, 226 DATE SIGNED 220, SIGNATURE M.D. DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN S NAME (Type IH NNAPOLIS, and ICHARD ELLK 23e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) June 21 Rock Creek Cemetery Surral REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 8434 Georgia Avenue VR A15 (4) 20 M 1/66 Silver Spring



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY hours after Arundel Anne Anne Arundel MARYLAND arvhand b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) = Edgewater Edgewater d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled R.F.D. #2 24 Edgewater Beach. R.F.D. Box 33 Box33 NO X Beach YES Edgewater completely ve carbon p PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. NAME DE Middle First Last DATE Month Day DECEASED 29 1966 June Charles DEATH (Type or print) Rudolph Hungerford 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS emove any eve last birthday) Months | Oays Hours White Male WIDOWED DIVORCED [2-8-1895 attending physician a ermit, Them please re on, or removal, and in 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INOUSTRY U.S.A. Chief Engineer Tolman Laundry Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Hungerford Mamie Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attent the burial-transit permit or to burial, cremation, or (Yes, no, or unknown) (If yes give war or dates of service) C. Hungerford, See Item #2 Amelia 1.91 5-1921 579-01-7510 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Cenditions, if any, which curen-4 (b) gave rise to immediate has been as the b DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO FT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) stached 1 Dept. of MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year I 2Dd. INJURY OCCURRED factory, street, office bidg., etc.) After to de de de State Hour a.m. Not While at work While FOR HOSPITAL OR ATTENDING Page 4 may be retained by at work p.m. DIRECTOR: At age 3 should | iled with the S 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on. 22b. OATE SIGNEO 22a. SIGNATURE o FUNERAL DIRE director, page 3 should be filed v MEO.
DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS. 22d. AOORESS PHYSICIAN'S NAME (Type) Gerard Church, M.D. 121 Cathedral Street, Annapolis, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1956 Aves Sons VR AI5 (4) 20M 1/65

t 5 .----. .



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 67904 CERTIFICATE OF DEATH 24 hours after death. physician and campletely filled in by the funeral en please remove carban papers. Pages I a<u>nd</u> aval, and if any event, within 72 hours after, deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY A. A. Co. A. A. Co. MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Annapolis 1 Wk. Clover Lea (Mayo & P. O. d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) e IS RESIDÊNCE ON A FARM? d STREET ADDRESS A. A. Co. Gen. Hosp. 1631 Lee Drive YES NO 🗺 law requires that the death certificate be executed within 3 NAME OF First Middle 4 DATE Lost Manth Day DECEASED OF DEATH FRANCIS -J. **JOHNSON** (Type or print) 19 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 9. AGE (in years 7 MARRIED NEVER MARRIED 6 dast berthday) Months Days Hours 30 Aug 05 Male White WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign cauntry) 12 CITIZEN OF WHAT during most of working life, even if retired) U. S. A. INDUSTRY ZOO Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Gustave Johnson Regina M. Miller 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service) Mary M. Bickerton Sister Unk. Same as cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) INTERVAL BETWEEN signed by the burial-transit p DISET AND DEATH PART I. DEATH WAS CAUSED BY: Unying land IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the training the signed by the training training the signed by the training DUE TO Conditions, if any, which gove ase to immediate cause (a) DUE TO stating the underlying cause as the priartal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER with the State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg. etc.) Hour o.m. While Nat While at work at work 21. I certify that (1) (this haspital) attended the-deceased from C 19<u>06</u>, that (I) (we) last SQM, fram causes and an the date stated above and that death accurred saw the deceased alive an_ 220. SIGNATURE 22b DATE SIGNED MED. DIRECTOR M.D. director, page shauld be filed ed 22d. ADDRESS 22c. PHYSICIAN'S ANNAG DI NAME (Type) citual 11-23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) Bur PENOWL (Specify) 6/20/66 Mt. Olivet Cemetery Washington 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S SIGNATURE dwt. VR A15 (4) F. Gasch's Sons Hyattsville. Md. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07905 CERTIFICATE OF DEATH requires that th∏ death certificate be executed within 24 hours after death funerol PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY Anne Arundel MARYLAND Anne Arundel b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Annapolis Annapolis Hrs d NAME OF HOSP IAL OR INSTITUTION (If not in hospital, give street oddress)

Dead on arrival ond completely filled in d. STREET ADDRESS # IS RESIDENCE ON A FARM? Anne Arundel General Hospital 5 Box YES NO N 3 NAME OF the ottending providen and completely fish permit. They be see remove corban Middle 4 DATE Month Lost Dov DECEASED 19 66 Cornelia June (Type or print) Prudence Johnson DEATH S SEX 9 AGE (In years IF JNDER I YEAR IF UNDER 24 HRS. 8. DATE OF SIRTH 7 MARRIED **NEVER MARRIED** lost birthdov) Months Dovs Hours WIDOWED DIVORCED -23-1883 Female Negro 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY U'STRYA A.A.Co, Maryland
14. MOTHER'S MAIDEN NAME Store operator or remova Mary C Stansburg Mathew Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 18-32-5902 Thomas C. Johnson Rt Annapolis. Md 2/2/2/2/2/2/2/2/ No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriof-transit p PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ò DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or j 200 ACCIDENT WAS UNDERLYING [3 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month-Day, Year 20d INJURY-OCCURRED 20e PLACE OF INJURY-(Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) at work 496-, that (1) (3634 last 21 I certify that (I) (time to spital) attended the deceased fram. M, fram causes and an the date stated abave. saw the deceased alive an. and that death accurred at 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. M.D. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Frank M. Shipley. M.D. Cathedral St., Annapolis, Md. 121 director, should 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, (REMATION, REMOVAL (Specify) 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) 6/6/1966 Co. Md Buria Broadneck Church 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 C.F. Hicks. 111 Annapolis, Md DATE



10-1	1	Division of STA			PARTMENT OF HEALT OF HEALT PRESTON STREET	A <mark>LTH</mark> T, BALTIMORE, MARYLAN	ID 21201
(12)		07906		CERTIFICATE	OF DEATH		07894
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Page 4 moy be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating the prior to buriol.	ATION	PART II OTHER SIGNIFICANT CONDITION	(c)	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS ALTOPSY PERFORMED? YES 4 NO
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NG PH y the h ver this e defact ate Deg	MEDICAL	D: (16)	9 2Dd INJURY While of work	Nat While at work	CE OF INJURY (Home, farm, ary, street, office bldg , etc.)	20f. (City ar tawn)	(County) (State)
ATTENDI rained b TOR: Af thould b th the Si		21. I certify that (I) (thisc) saw the deceased alive an 22a. SIGNATURE	June 24	the deceased fram_ 19_66, and tha	t death occurred at_	M, fram causes and	d an the date stated above. 22b. DATE SIGNED
At OR A be rei		22c PHYSICIAN S	ultrdin	М.	D. ATTENDING XXX D	MED STAFF IRECTOR PHYS.	6/24/66
SPITA 4 more ERAI or, produced be			Hedeman, M			st Drive, Annap	
TO HO Page IO FUN shoul	230	Burial, CREMATION, 23b DATE REMOVAL (Specify) 6/29		NAME OF CEMETERY OR ETVER Memo		23d. 10CATION (City or Town) Laurel	Md
VR A15 (4) 20 M 1/68	24	E.Hicks,111		address olis,Md	DATE DATE	RY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH v after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before egmission) e. COUNTY within 24 hours b. COUNTY Anne Arundel Counety MARYLAND [arvland Anne Arundel b. CITY OR TOWN (if outside corporate limits E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 700 write RURAL and give neerest town) .5hours after Rural - Annapolis months Arnold filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Bay Manor Nursing Home completely papers. n 72 hou YES NO Route NAME OF DECEASED Middle DATE Month Yeez OF within (Type or print) DEATH Anna 19 Jonezak Janczak June 66 carbon pue 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. deaith certificate be last birthday) Months Female White WIDOWED 13 DIVORCED | Jan attending physician remova 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired) Housewife Poland U. S. A. please 2 13. FATHER'S NAME MOTHER'S MAIDEN NAME and Joseph Firak Marry Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgive wer ordates of service) law requires that the law attending physician. Cecilia Williams - 8017 Shore Rd. #21222 permit. Mrs. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), has been signed by INTERVAL BETWEEN Š ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) cremation. **burial-transit** DUE TO Conditions, if any, which geva rise to immediate causa DUE TO (a), steting the underlying the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 1 19. WAS AUTOPSY 8 0 CERTIFICATION PERFORMED? use prior YES NO DIRECTOR: After many be to be detached for u 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, farm, Month, Dey, Yeer 20d. INJURY OCCURRED I 201. (City or town) (County) (State) fectory, street, office bldg., etc.] While Not While Hour a.m. et work et work 10 p,m, 19....., that (I) (++++) last 21. I certify that (I) (this to..., and that death occurred at O.P.M., from the causes and on the date stated above. saw the deceased alive on 5.19 _SIGNATURE ATTENDING SIGNED HOSPITAL PUNERAL page with I DIRECTOR PHYS. Page 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) ខ្ពុំទ្ 2 REMOVAL (Specify) Baltimore Maryland Buria ADDRESS (REGISTRAR 255. REGISTRAR'S SIGNATULE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 705 S. Ann St. Weber DATE 20M S-63



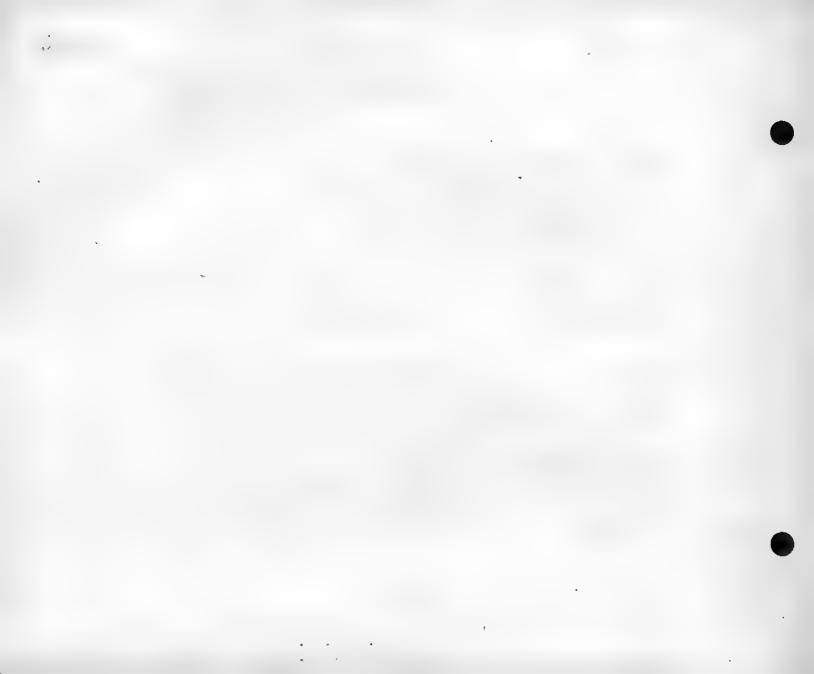
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TOP TOP TOP TOP TOP TOP		21. I certify that (I) (this hospital) attended the deceased from June 1			
age 4	1	226. PHYSICIAN'S ATTENDING MED. STAFF PHYS. 226. PHYSICIAN'S 226. ADDRESS 227. ADDRESS 228. ADDRESS 228. ADDRESS	22b. DATE SIGNED		
TO HOSPITAL death. Page 4 TO FUNERAL director, page be filed with t	23	33. BURIAL, CREMATION, 23b. DATE THEREOF 23c. MARIOF CHRETERY OR CREMATORY 23d. LOCATION (City, town or MANY) CONTROL OF CHRETERY OF CREMATORY DIAGON (City, town or MANY) CONTROL OF CHRETERY OF CREMATORY DIAGON (CITY, town or MANY) CONTROL OF CHRETERY OF CREMATORY DIAGON (CITY, town or MANY) CONTROL OF CREMATORY DIAGON (CITY, tow	(State)		
VR A15 (4) 15M 7/61	2	FUNERAL DIRECTOR'S SIGNATURE DESCRIPTION OF PEGISTRAR PS. REGISTRAR PS.	Charles Judge =		



		DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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d within grapon put, within	3 NAME OF First Middle PECEASED (Type or print) Frank Anthony	Lost 4. DATE Month Doy Year KREINER, Jr. OF DEATH June 7 19 6	
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certific g physi hen pl naval,	13 FATHER'S NAME Frank A. Kreiner, Sr.	14. MOTHER'S MAIDEN NAME Helen Conniff	
e death certificate b attending physician bermit. Then please an, ar remaval, and i	(Yes, no, or unknown) (If yes give wor or dotes of service)	77. INFORMANT Address Ocrothea O. Kreiner - (same)	
tow requires that the ending physician. s been signed by the as the burial-transit in itemati	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION OF	PERFORMED	11H 5- 05-
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ATTEND retained ECTOR: A should	saw the deceased alive on June 6, 1966, and the same of the same o	that death occurred atM, from causes and an the date stated of	above.
may be RAL DIRI	22c PHYSICIANS NAME (Type) J. Fred Hawkins, Jr. M.D.	M.D. ATTENDING DIRECTOR PHYS. D 6/7/606 22d. ADDRESS 98 Cathedral St., Annapolis, Md.	2
D HOSP Page 4) FUNE director should	230 BORIAL (REMATION, REMOVAL (Specify) 6-10-1966 Glen Haven	OR CREMATORY 23d. LOCATION (City or Town) (County) (Stat	,
VR A15 (4)	24. FUNERAL DIRECTOR George J. Gonce - h001 Ritchie Hgwy. Ba	2So. RECD BY REGISTRAR 2Sb ASSISTANT S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07910 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and nd campletely filled in by the funeral emave carban papers Pages I and any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE 6. COUNTY b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) Daltinure d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES [NO T 3 NAME OF Middie 4. DATE tost Doy Уеан **OECEASEO** OF DEATH 1966 (Type or print IF UNDER S. SEX 6 COLOR OR RACE 9. AGE (In years 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** last birthday) Doys Hours WIDOWED DIVORCED signed by the attending physician and burial-transit permit. Then please rem-burial, cremation or recommendations 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRYS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lecoru WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service CAUSE OF OEATH (Enter only one cause per line for (a) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate couse (a). DUE TO led for use as the b t, af Health prior to b stoting the underlying couse has been last. PART II, OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 205. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While at wark 23" June, 1966, to 26" June 1966, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram.... be retained 26th Tune 1966, and that death accurred at 8:15th M, from couses and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED director, page 3 should be filed v M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) rownsville 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL(Specify) Baltimore Marylar <u>.96**6**Baltimore National</u> 2Sb. REGISTRAR'S SIGNATURE 24. NEUNERAL DIRECTOR TOB W.Wash.St. 2So VR A15 (4) 66 20 M 1/66 DATE Annapolis.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 97911 and 2 requires that the death certificate be executed within 24 haurs after death filled in by the funeral in papers Pages 1 and 2 rithin 72 haurs after death 劃 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admissing) PLACE OF DEATH Anne Arundel o. Maryland b. Collinia City MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Crownsville c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTHLOF STAY IN 16 yes days llmoś. Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE I, and in any event, within 72 ON A FARM? 1430 Bloom Street Crownsville State Hospital YES NO 🔀 4 DATE corbon NAME OF First Middle Last Manth Day Year physician and campletely en please remave carban DECEASED (Type or print)3-#23932 OF 22 19 66 Gertrude Flora Lee 6 DEATH IF JNDER 24 HRS S SEX 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Months Haurs Days WIDOWED DIVORCED 1912 Female Negro 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired)

Domestic INDUSTRY Virginia 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME the attending physical permits then permits the permit Annie Blackwell Will Blackwell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) Hospital Records Nο Unknown signed by the atter-burial-transit perm burial, cremation, 9 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b) ond (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Heart Disease IMMEDIATE CAUSE (o) the haspital ar attending physician. 4200 DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? director, page 3 shauld be detached for use should be fried with the State Dept. of Health XXXXXXXXX YES NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 11 of item 18.) 200. ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. While Not While of work foctory, street, office bldg, etc.) 77.16 19 62 , ta **6/22** 19 66 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. ra mospitat ar attend Page 4 may be retained 1966, and that death accurred a 0:35 M, fram causes and an the date stated above 6/220 saw the deceased are an 22b DATE SIGNED 22a. SIGNATURE MED. DIRECTOR X 6/22/66 M.D. PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Benedict. M. D. Crownsville State Hospital, Maryland (County) Marylanc 23c NAME OF CEMETERY OF CREMATORY Univ. of Md. 230 BURIAL, CREMATION, REMOVAL (Specify) Removal 23d LOCATION (City or Town) Baltimore 1866 X Lander 1 densis liasha. 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE 20 M 1/66-0

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07899 CERTIFICATE OF DEATH 07912 by the funeral requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate imits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carporate limits, write RURAL and give regrest town) write RURAL and give nearest tawn) Annapolis Edgewater completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital P. O. Box 145 NO [event, within <u>و</u> NAME OF First Middle 4 DATE Month Lost Day Year DECEASED LIHOMME 17 66 Napoleon George June DEATH (Type or print) Carl IF UNDER I YEAR I IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE (In veors NEVER MARRIED remove last birthday) Months Dovs Hours In ony WIDOWED December 26,1903 DIVORCED White Male and 10g USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? pleose INDUSTRY the attending physicion sit permit. Then please ondi &Traff New York ghwavs 14. MOTHER'S MAIDEN NAME Jd. FATHER'S NAME cremation, or removal, Charles L'Homme Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war or dates of service) 5560Adelaide M. L) Homme yes same as INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the buriof-tronsit p PART I. DEATH WAS CALSED BY ONSET AND DEATH DUE TO Conditions, if any, which gave (b) nse to immediate couse (a), DUE TO stoting the underlying cause as the prior to t ottending hos been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed for use of Health p NO TO O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: by the hospitol or 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF FITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or fown) (Stote) 20c TIME OF INJURY Month, Day, Year (County) Haur a.m. factory, street, office bldg., etc.) While Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram. 1966, that (I) (we) last director, page 3 should should be filed with the be retained 19 66, and that death accurred at 36 M, from causes and an the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) 1407 Forest Drive, Annapolis, Md Hedeman John 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL, CREMAT ON, 23b. DATE THEREOF (County) (Stote) DUPLAL (Specify) Ft. Myer. Arlington National 66 Cem. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ₹25p. Hines VR A15 (4) washington. 20 M 1/66

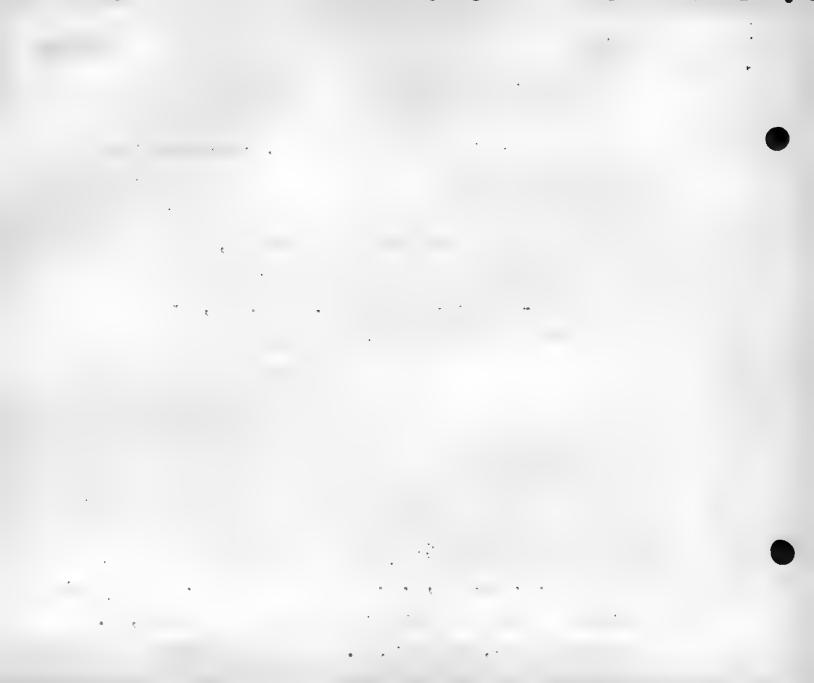
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07913 requires that the death certificate be executed within 24 haurs after death by the funeral Pages Land PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. STATE Maryland o COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers. Pagburial, cremation, ar removal, and the any event, within 72 hours. Riveria Beach 24 days Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO X Crownsville State Hospital 8445 Church Road 3 NAME OF Middle 4 DATE DECEASED (Type or print) 3-#32033 Emma Elizabeth Long DEATH S SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. & COLOR OR RACE 7 MARRIED **NEVER MARRIED** (papbirthdoy) March 14, 1874 Hours Female White WIDOWED IX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working ife, even if refered) COUNTRY? A INDUSTRY_ Virginia Hours 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Unknown Ellen 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, ocunknown) (If yes give wor or dotes of service) Unknown Hospital Records 1B. CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Chronic Brain Syndrome due to Generalized Arteriosclerosis vs 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc) Hour o.m. While to Not While of work 21. I certify that (1) (this hospital) ottended the deceased from_ 5/9 ___, 19<u>.66</u>, that (I) (we) last 1966 to 6/3 1966, and that death occurred 42:15 M, from couses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22d SIGNATUR ATTENDING MED DIRECTOR 6/3/66 M.D. PHYS. 22d ADDRESS Crownsville State Hospital, Maryland PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Sperity) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 250 JUNEY REGISTRA 966 256 COTRARS SONAT 24 FUNERAL DIRECTOR VR A15 (II) 20 M 1/66 DATE



and the same		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
100	· · · · · · · · · · · · · · · · · · ·	07914 CERTIFICATE OF DEATH 07001
	e funeral	1. PLACE OF DEATH a. CDUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE b. COUNTY Anne Arundel MARYLAND MARYLAND Anne Arundel MARYLAND
	rs afto	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	n 24 hours a y filled in by papers. Page hin 72 hours a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM?
	tthin 2	Nocth Acundel. 307 E. Furnace Branch Road YES ND NO DECEASED 3. NAME DF DECEASED A DATE Month Day Year
	rted wi comple ve carl event,	(Type or print) HERBERT L. Long DEATH Gune 24 1966
	executed within and completely fremove carbon prany event, within	WIDOWED DIVORCED 28 July 1902 63 yrs.
	e be	during most of working life, even if retired) Noustry Maintenance Knoxville Tennessee
	Triffication of the state of th	13. FATHER'S NAME Luther Long Sally Morgan
	e death certi the attending it permit. The nation, or rem	15. WAS DECEASED EYER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
	en en en	Yes 1919 - 1927 216-10-6044 Mrs. Anna H. Long, same as 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CINCUMBURG LINE SAME ONSET AND DEATH
	law requires that the attending physician. has been signed by the eas the burial-transit h prior to burial, cremat	Cenditions, if any, which \ 0)
	aw requir tending p tas been as the bi prior to bi	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)
	ICIAN: The law rospital or attence certificate has long to use as the of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospital this certifi detached fo e Dept. of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHY the the deta	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) P.m. 19 At work at work
	retained by CTOR: After Should be with the State	21. I certify that (I) (this hospital) attended the deceased from Multiple, 1960, to Multiple, 1960, that (I) (we) last saw the deceased alive on 1960, and that death occurred atM, from the causes and on the date stated above
	DINE DINE ge 3 ge 3	22a. SIGNATURE WED. STAFF PHYS. DATE SIGNED (-2) (-6)
	Page 4 may O FUNERAL I director, pag	22c. PHYSICIAN'S NAME (Type) C. R. MacDonald, M. D. 22d. ADDRÉSS 204. Crain Hghy. SW. Glen Burnie
	TO HDS Page - TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, town or county) (State) Burial 27 June 66 Glen Haven Memorial Glen Burite. Mi.
	VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS
	20M 1/65	THE COURT OF THE C



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, M	ΛΔΡΥΙ ΔΝΟ
= +n#		C7915 CERTIFICATE OF DEATH	7009
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s affi by th 'ages 's af		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH DF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL	and give nearest town)
	_	Glen burnie 1 Wk. Crewnsville Ba	× 123
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with	1	DECEASED	Day Year 5 19 6 6
ted comp	5.	SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (III years IF UNDER	1 YEAR IF UNDER 24 HRS
xecu and emor	1	/ WIDOWED DIVORCED //-//- UG 59 yrs.	
6 5 5	10 dt	a. USUAL OCCUPATION (Cive kind of work done 10b. KIND DF BUSINESS OR ring most of working life, even if retired) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. C	ITIZEN OF WHAT DUNTRY?
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ath atte mit	10	es, no, or unkown) (If yes give war or dates of service)	ne as #2
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t th an. I by ransi		PART I, DEATH WAS CAUSED BY: COMPANY IN THE PART IN TH	DNSET AND DEATH
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req ding bee the or to		sales (a) scales (no	
law atter has e as e as	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
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AT AT 3 SI		22a. SIGNATURE / 22b. D	ATE SIGNED
ay be an all a be	П	M.D. PHYS. DIRECTOR PHYS.	16/66
SPITA 8 4 m2 NERAL Stor, F		NAME (Type) Fehry Garupes (1113 ochentus Nocl. C	Mule by
Page Girection	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF EMETERY OR CREMATORY 23d. LOCATION (City, town or con	unty) (State)
7 2		Burial June 8.1966 Glen Haven Mem. Park Glen Burnie, N	4d.
AR ALE MA CO		And I do	La Cudal
20M 1/65	H =	Withigh A. Studieron Pien Bolline, Ma. 19901 4. 12001	0
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certific director, page 3 should be detached for should be filed with the State Dept. of He	Page 4 may be retained by the hospital or attending physician. TO FUNERLU DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon p should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the state Dept.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH 3. COUNTY COUNTY A. COUNTY A. COUNTY A. COUNTY A. COUNTY WITH A



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 97916 PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved. if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Page ö death. MARYLAND Deportment b CiTY aR Tawn (If outside corporate mits, CLENGTH OF STAY IN 16 c CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) and offer DURNIE Short d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S RESIDENCE d STREET ADDRESS hours ON A FARM? Dubya Court ·N-NORID. ARCN Item 18. Give Pages hours ofter death NAME OF Middle DATE Month Dov Уеаг DECEASED OF Edward 6 within (Type or print) DEATH 19 S SEX 9 AGF (In veors IF LINDER 1 YEAR IF UNDER 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED jost birthdoy) Months Doys Hours 5-13-03 WIDOWED DIVORCED event 100 USUAL OCCUPATION (Give kind of work done 10Ь KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY N. J. dny Army Newark bages Colonel Ret 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME .⊑ Elizabeth B. Smith File J. Mac Bride ond Edward 17 INFORMANT IS WAS DECEASED EVER IN ... S. ARMED FORCES? 16. SOCIAL SECURITY NO Address be executed or removol. (Yes, no orunknown) (If yes give wor or dotes of service) Mrs. Eleanor M MacBride (wife) Same "As 141-07-6351 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward This certificate should burial, crematian, DUE TO forworded to the Conditions, if ony, which gove rise to Immediate couse (a), DUE TO stating the underlying couse 0.5 lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? MEDICAL CERT FICATION YES NÜ the certificate. Heolth or its designoted agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port or Port 1 of Item 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH (County) 20c T.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, ((ty or town) Hour o.m. Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute 21. I certify that I took charge of the remains described above, held an Autopsy and in my apinian for Inspection | Inquiry -Suicide | Undetermined manner the funeral director. death resulted for Natural causes Accident Hamicide | moy be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER E SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Store) 0 REMOVAL (Specify) Myer Va. Ft. Arlington Nat'l Cemeterv June 23,1966 24 FUNERAL DIRECTOR VR A15ME (5) Glen Burnie, Md. Richard V. Singleton 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



1 ()	MARYLAND STATE DEPARTMENT OF HEALTH
(1/1)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
death.	C7917 CERTIFICATE OF DEATH U7904
after death. the funeral ges 1 and 2	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY 1 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY 1 1. PLACE OF DEATH a. STATE
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fed fed 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
things in 2	North HRUNDEL HOSPITAN \$503 Mayo Road YES NO NO
nted within 2.	3. NAME DF First Middle Last A. DATE Month Day Year DECEASED (Type or print) Pruling A Machanist DEATH Light 27 1966
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executed and correments any even	last birthday) Months Days Hours Min.
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fcate be e physician/ m please in val, and in	during most of working life, even if retired) INDUSTRY, // // // // // COUNTRY?
ate hysi	13. FATHER'S NAME (Stove MI) Alabama 11.5, A-
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	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
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law atten	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY/OCCURRED. (Enter nature of Injury In Part t or Part II of Item 18.) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY/OCCURRED. (Enter nature of Injury In Part t or Part II of Item 18.)
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	Hour a.m. While Not While Factory, street, onice oldg., etc.)
L OR ATTENDING y be retained by DIRECTOR: After age 3 should be illed with the Stat	21. I certify that (I) (this hospital) attended the deceased from 6 - 25, 1966, to 6-27, 1966, that (I) (we) last
short and short	saw the deceased alive on 6-27 19-66, and that death occurred at 645 M, from the causes and on the date stated above.
DR De L	223. STENATURE 220. DATE SIGNED ATTENDING MED. STAFF 220. DATE SIGNED
AL OR Hay be page filed	22c/ PHYSICIAN'S 22d. ADDRESS
SPIT 4 nd bed d be	NAME (MOPE) JOSEPH A. MONDITR, M. D. SCHERNA PARK, Md.
TO HOSPITAL OR ATTENDI: Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the s	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)
12 D 12 P	Bures Tuly 1, 1966 Arlington Cometers Upber Darby Pennsy
	24. FUNERAU DIRECTOR ADDRESS 25a. REC'D BY RESISTRAR 25b. REGISTRAP'S SIGNATURE
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12	1/3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND	
30-		CERTIFICATE, OF DEATH	
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	cuted within 24 hours af completely filled in by t ove carbon papers. Page y event, within 72 hours a	3. NAME OF BECEASED (Type or print) Else Windth Make 19 Death (Place 19 19 Death (Place 19 19 19 Death (Place 19 19 19 19 19 19 19 19 19 19 19 19 19	7
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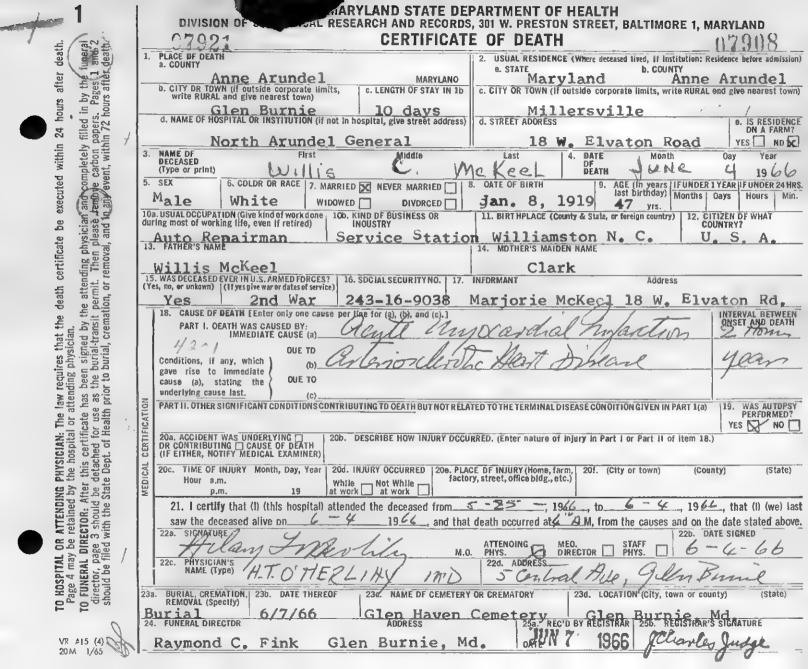
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	AL C	NL DIR page filed		Andrew R. Johnston M.D. ATTENDING MED. STAFF DIRECTOR PHYS. June 10, 19 22c. PHYSICIAN'S 22c. PHYSICIAN'S	100
	SPIT 4 II	d be	1	NAME (Type) A. R. SOSNOWSKI, M.D. 4012 Ritchie Hgwy.	
	TO HOSPITAL OF Page 4 may	O FUNERAL DIRECTOR: director, page 3 should should be filed with the		23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (S	tate)
	2-	E		REMOVAL (Specify) 6-13-1966 Meadowridge Memorial Pk Raltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
		115 (1)	X	Coorgo I Gonce - 1000 Ritchie Howy. Baltimore	
	20M	AI5 (4)	10	George J. Conce - 4001 MI center July 1 4 1966 Policyles Judge	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death E S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anne Ayun MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY JN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Completely filled in by 1 we carbon papers. Page event, within 72 hours a 1003 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 106 Micheal AME YES NO X HAME OF and completely fremove carbon pr Manor Nursing Home executed within 3. First Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 1966 FRANK RAY Mc BRIDE SEX I IF UNDER 1 YEAR IF UNDER 24 HRS. 6, COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Davs any WIDOWED X DIVORCED [Male attending physician a ermit. Then please be not not removal, and in 10a. USUAL OCCUPATION (Give kind of work done) .= 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT å during most of working life, even if retired) INDUSTRY COUNTRY? USA Mestinohouse Co Painter (Ret. ATTENDING PHYSICIAM: The law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Daniel Gilmora Mc Bride Margaret Porter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes pive war or dates of service)) 16. SOCIAL SECURITY NO. INFORMANT Address 17. #2 been signed by the attenthe burial-transit permit. In to burial, cremation, or Mr. William Glen Mc Bride (Son) Same as None 7-09-3385 Ne INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) facture the hospital or attending plysician. Heavi DUE TO ASH D Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, 23 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health p PERFORMED? certificate NO 7 YES 🗍 208. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Part I or Part II) of item 18.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) factory, street, office bldg., etc.) Ноиг а.т. Not While After While at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from 26 retaine 19 66 that (i) (we) last DIRECTOR: age 3 should lied with the and that death occurred att 40 M. from the causes and on the date stated above. saw the deceased alive ona 22a. SIGNATURE Smil 22b. DATE SIGNED ě page ATTENDING M.D. DIRECTOR PHYS. HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be f NAME (Type) Michael Kwaterski, M. D. Hahn Professional Bldg. Severna Pk. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF 23a. 1968 Hillcrest Mem. Park Mercer Co. <u>Burial</u> June REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ALS (4) Richard V. Sinoletan Glen Aurnie. Md. 20M 1/65







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	1	1	Items 20-21 Film G378MARYLAND STATE DEPARTMENT OF HEALTH	
	•		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
	death.	-	C7923 CERTIFICATE OF DEATH	7910
	death. funeral and 2 death.	1.	PLACE OF OEATH a. GOUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resident a. STATE b. COUNTY	ice before admission)
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	hours after death d'in-by he funeral s. Pages 1 and 2 : hours after death		b. CITY OR TOWN (if outside corporate limits, write RURAL and purite RURAL and give nearest town)	give nearest town)
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	Pe le		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
	2 5 2 5	7-	U.S. Naval Hospital (DOA) 86 Bowyer Road	YES NO
	within pletely erbon tr. with) 3.	DECEASED	
		-	(Type or print) Patricia Ann Mc Kinnon DEATH June 17 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR)	19 66
EXAMINER		3.	/ MARKIED X last birthday) Months (Oays	
Ē	execu n and remo	10	Female Cauc. WIODWEO OIVORCEO March 29, 1966 yrs. 2 11. Da. USUAL OCCUPATION (GIVE kind of work done, 10b. Kino OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	S OF WHAT
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2	th certing tending of rem	-1!	Patrick Cecil Mc Kinnon Jo Ann Margaret Manning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT OF Address Development of Ad	
MEDICAL	ath atter mit	(Y	Yes, no, or unknown) (If yes give war or dates of service) Patrick V. Mc Kinnon OO BOWYET ROAD	
			No (Father) Annapolis, Mar 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]	Y Land.
DEPUTY NIY.	that the sician, gned by the al-transitial, cremains		PART I. CEATH WAS CAUSEO BY:	SET AND DEATH
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	27 44 1- 7-	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 10 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH Suspected baby aspirated formulae. Endotrachea (IF EITHER, NOTIFY MEDICAL EXAMINER) tion produced milk like aspirate.	7 3 4 4 4
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	20M 1/65]		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07912 CERTIFICATE OF DEATH 07924 requires that the death certificate be executed within 24 haurs after death E E 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove, carbon papers. Pages Vandburial, cremation, ar remaval, and in the second within 72 haurs after designation. o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If autside carparate I m ts. c. CITY OR TOWN (If outside corporate amits, write RURA, and give nearest town) c LENGTH OF STAY IN 15 write RURAL and give nearest town) Annapolis Annapolis e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS A. A. General Hospital 1005 President St. YES NOX Middle 4. DATE Month 3. NAME OF First Lost Year DECEASED Doris Isabelle MILLER (Type of print) DEATH June 66 S. SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months October.26 1918 White DIVORCED WIDOWED Female 10o USUA, OCCUPAT ON (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR **COUNTRY?** INDUSTRY hou sewife U. S. Appomatox Va.

14. MOTHER'S MAIDEN NAME own home 13 FATHER S NAME Susie A. Marshall Josh W. Harvey 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) 219-30-1731 Elmer J. miller-husband sameas #2 above no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY MYXIDEMA 20 VE18 IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO 2. J 5 K Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health prior ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? MESITUS, CHEONIC NEPHRITIS NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. Not While at work foctory, street, office bldg, etc.) of work 2]. I certify that (1) (this haspital) attended the deceased fram 5/2 5 . 1966 to 6 - 3-66.19 that (1) (we) last director, page 3 should should be filed with the saw the deceased alive an 6 - 3 1966, and that death accurred at 11 p.M. from causes and on the date stated above 22b. DATE SIGNED 226 SIGNATURE **ATTENDING** M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Edward S. Beck M. D. 73 Franklin St., Annapolis, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) 230. BURIAL, CREMATION (Stote) REMOVAL (Specify) 7,1966 Hillcrest Cemetery June Annapolis, I'd. REGISTRAR'S SIGNATUR 2So. REC'D BY_REGISTRAR 24 FUNERAL DIRECTOR Hopping VR A15 (4) 20 M 1/66 Hopping Funeral Home



4	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	C7925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13
HEALTH OTRI	PLACE OF DEATH O COUNTY ANNE ARUNDEL 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before o STATE Maryland MARYLAND MARYLAND	odmission)
f cry de ay is in 2, and 3 to m PM3. Page Department of softer-death	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest write RURAL and give nearest town) Baltimore - Rural	town)
F corm form	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) North Arundel Hospital 102 Drum Point Rd.	S RESIDENCE ON A FARM? 'ES NO
	3 NAME OF DECEASED First J. Middle Lost 4. DATE Month Doy OF DEATH June 7	Yeor 19 66
hours offer of tem 18. Give Office along v and 2 with th	S SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years log brithdoy) Months Doys	Hours Min
	IDO USUA, OCCUPATION (Give kind of work done during most of work in the tired) IDD KIND OF BUSINESS OR II BIRTHPLACE (State or foreign country) 2 CITIZEN OF COUNTRY COUNTRY	JSA.
N a o	13 FATHER'S NAME UNKNOWN 14 MOTHER'S MAIDEN NAME UNKNOWN	
cerificate should be executed will writing the word "pending" in perwarded to the Chief Medicol Exanssed os a burial-transit permission, or removal equitions.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or Linknown) (If yes give wor or dates of service) 21203-5544 Gevenner FAREAS	
be execut "pending" hief Media ansit perm or remove	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease,	RVAL BETWEEN ET AND DEATH
should e word the C urial-tr	Conditions, if ony, which gove nse to immediate couse (a), (b)	
cote ing the ded to so o	stoting the underlying couse DUE TO	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 9 YE	WAS AUTOPSY PERFORMED? S NO K
AMINER: This of the certificate, at should be foour files. ge 3 should be u agent, prior to be	YE 2DD EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DECURRED (Enter noture of in ury in Port or Port II of Item 18.) CAUSE OF DEATH 20c DESCRIBE HOW INJURY DECURRED (Enter noture of in ury in Port or Port II of Item 18.)	
33 ± ± ± ± ±	20c TIME OF INJURY Month, Day, Year Hour o.m. 20d INJURY OCCURRED While Not While of work of	(Stote)
MESTAL EXA please execute I director. Page retained for you. DIRECTOR: Pag its designated a	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry, and death resulted fram: Natural causes X, Accident, Suicide, Homicide, Undetermined manner	m my opinior
EPUTY MED: A sssory, please exfunerol director. by be retained for the ret	SIGNATURE MD ASSISTANT MEDICAL EXAMINER LAS	2. DATE SIGNED
TO DEPUTY MED. AL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	NAME (Type) , Address (Street, city, town, or county)	7/66
TO D TO FU	230 BURIAL CREMATION, DATE THEREOF BALTO. NATIONAL BALTO. MD. (County) BOOVAL (Specify) BALTO. NATIONAL BALTO. MD.	(Stote)
VR A15ME (1)	24. FUNERATORECTOR 25b, REG STRAR SIGNALIES 12b N 1 3 1966 25b, REG STRAR SIGNALIES 12b	dge

MARYLAND STATE DEPARTMENT OF HEALTH



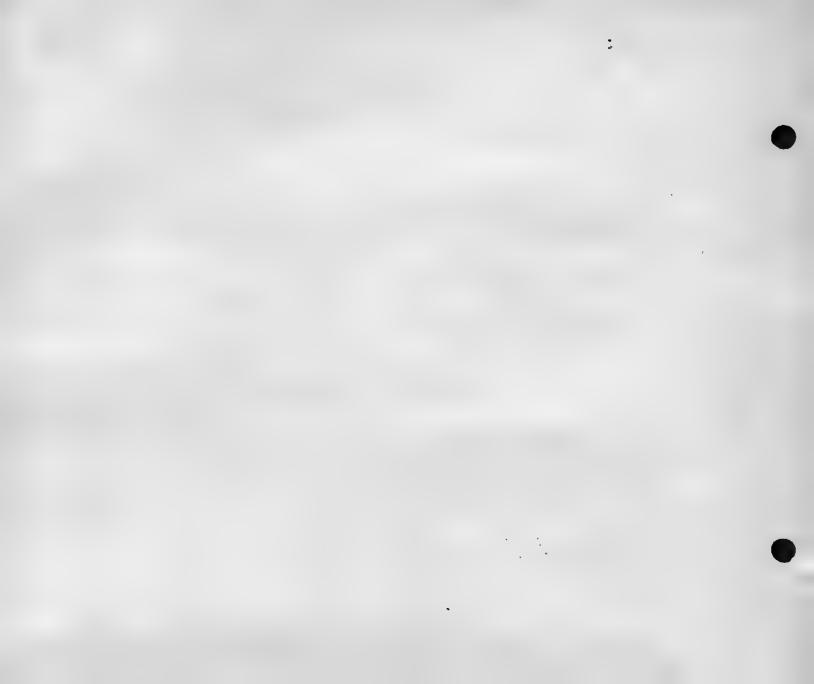
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07926 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and 3 in any event, within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. STATE Maryland n. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate mits, write RURAL and give neorest town)
Annapolis RURAL - Pasadena 2 davs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Rt-10, Box-529D. Anne Arundel General Hospital NO I YES -3. NAME OF Firs# Middle 4 DATE Last Month Year physican and campletely en plaase remove DECEASED MONNIER Emil Henry (Type or print) DEATH June 19 66 S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Months Hours Male White Dec. 28, 1892 WIDOWED DIVORCED 10a JSuAL OCCIPATION (Gree kind of wark dane during most of working lite, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT Ball to S.A. Ohio France France 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaya Barbara Unknown Francis Monnier the attending p WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) 217-05-3640 Miss Dorthy Monnier 1526 Cottage Lane IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (a) MASSIVE CEREBRAL HEMORIHACE DUE TO WHYPERTENSIVE A.S.C.U. DISEASE Conditions, if any, which gove UNENOWAL nse ta immediate cause (a), stoting the underlying couse stached far use as the Dept. af Health priar ta has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION DIABETES NO T O FUNERAL DIRECTOR: After this certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While factory, street, affice bldg., etc.) 21. I certify that (1) (this bossital) attended the deceased fram JUNE 21, 1966, to June 23, 1966, that (1) (439) last Page 4 may be retained director, page 3 shauld shauld be filed with the saw the deceased alive an June 23, 19 66, and that death accurred at M, fram causes and an the date stated above 11:20 PM 22b DATE SIGNED 22g. SIGNATURE ATTENDING STAFF 6-24-66 M.D. DIRECTOR 22d. ADDRESS 22c PHYS CIAN'S NAME (Type) 2934 Mountain Rd., Pasadena, Md. Arthur Lankford. 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL CREMATION (County) REMOVAL (Specify) Baltimore, Co. 6-27-1966 Ebenezer Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE .111N



D		1		DIVISIO	N OF STAT	ISTICAL	MARY RESE/	YLAND STA Arch and R	ATE DEI RECORDS	PARTM , 301 W.	ENT OF PRESTO	HEAN STE	REET,	BALTIMO	RE 1. M	ARYL	AND
Circle 1	_=	=0₹ ″		07927				CERTI					·		1	179	15
ex	death.	funeral and 2 death.		PLACE OF DEAT a. COUNTY						2. USUA	L RESIDEN	CE (Whe	re deceas	ed lived, It Ins		esidence	before admission)
	fter	the tes after	1_	Anne A	rundel				ARYLANO		Mary	lanc					
	24 hours after	by i Page urs a		b. CITY OR TOV Write RURAL		orporate #m est town)	its,	c. LENGTH OF S		C. CITY C	m -	UU LSIQO	corpor		ite RURAL	end give	nearest town)
	hoti	I in	-	d. NAME OF HO	VILLE SPITAL OR INST	ITUTION (If	not in ho	3 ye	ears	d STREE	Glen	Buz	nie			La	IS RESIDENCE
	24	filled in by the papers. Pages 1 in 72 hours after			ville 5				et addiess)			D	: 11	0		- 1	ON A FARM?
	ih:	tely on p	3.	NAME OF		First		Middle		Las	ute 1	4. D	ATE	Monti	1	Oay	Year
	The law requires that the death certificate be executed within or attending physician.	n and completely file remove carbon pain any event, within		(Type or print)	#25003	Jame		Thoma		Morg	an	0	F EATH	6		30	19 66
	uted	con ove	-1	SEX		RACE 7. M	ARRIEO	NEVER MARI	RIEO 🔲	B. OATE OF			9. A			1 YEAR I	FUNDER 24 HRS. Hours Min.
	exec	and any		Male	Negro		03 W00		CEO	2/15/			/	yrs.			
	þ	sician lease and in	qu	a. USUAL OCCUPA ring most of work	ITON (Give kind o ling life, even if	f work done retired)	10b. KI	NO OF BUSINESS IOUSTRY	OR	P. Contract			itate, or	foreign country	12, CI	TIZEN O UNTRYZ ISA	F WHAT
	ate		13	Farm W	orker					1	rylani HER'S MAIO		IF.			ISH	
	tific	PU 00 00			s T. Mo	rean					Charl		_				
	93		1	5. WAS DECEASED	EVER IN U.S. ARA	MEDFORCES	? 16.	SOCIAL SECURITY	NO. 17.	<u>informan</u>			•	Addres	is .		
	eath	ermit.		es, no, or unkown)	(It yes give war or	uates of servic		Unknown		Hosp	ital	Reco	rds				
	9	the stip		18. CAUSE OF				ne for (a), (b), an				-	Hem	ipleqi	a	INTER	VAL BETWEEN T ANO DEATH
	at ti	transi , crem		PART I. O	EATH WAS CAUS IMMEDIATE O	EO BY: AUSE (a)CI	e <u>reb</u>	rovascul	lar Ac	ciden	t wit	h Le	ft	~			trecen
	s th	n signid burial-tra burial, cr	}		5	OUE TO											
	o pro	the burn to bu		Conditions, If gave rise to	Immediate (* *	ener	al Arter	10861	erosi	5 Wit	n Hy	per	tensio	n	Ye	ars
	ng-ign	as the prior to		cause (a), s underlying caus		OUE TO											
	The law requires that to or attending physician.	has h pric	NO		April 1997		ONTRIBU	TING TO DEATH BI	UT NOT RELA	TED TO THE	TERMINAL O	DISEASE	CONOIT	ION GIVEN IN	PART 1(a)	19.	WAS AUTOPSY PERFORMEO?
			HCAI				osta	tic Pneu	monia							YES	
	PHYSICIAN:	certificate hed for use t. of Health	CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYI	NG [] F OEATH	20b. 0	ESCRIBE HOW IN	YJURÝ OCCU	RREO, (Ent	er nature of	f Injury	In Part	1 or Part 11 o	f Item 18.)	
	YSIG	tilis ce etache Dept.			INJURY Month,		20d. IN	JURY OCCURRED	1 20e PLA	CE OF INITI	RY (Home, fa	em. 2	of (Cit	y or town)	(Cou	ntv)	(State)
			MEDICAL	Hour a.	n.	- 19	While at work	Not While at work	facto	ry, street, o	RY (Home, fa fiice bidg., e	tc.)				,	(0.000)
	ATTENDING retained by	lo Ather Should I the S		21. I certii	y that (I) (this	hoșpital)	attende	d the decease	d from	3/19	/, 1	<u>963</u>	to	6/30/	_, 19_6	6, tha	at (I) (we) last
	ATTENDI	3 sho with t			ceased alive g	d _y	6/3	1966	, and that	death occ	curred at_		, from	the causes			
	5	2 E 0 5		22a. SIGNATU	KE //U	illee	ilex	(2).	M.0	ATTENO	ING [MED. OIRECTO	R 😰	STAFF PHYS.	6/30		
	Tage 4 may	FUNERAL FOREST rector, pa		22c. PHYSICI/ NAME (T	lane.	necic	t. M	1.D.			ADOR ESS			Maryl	and		
	D HOS		23	a. BURIAL, CREM	MATION I 23b.	OATE THERE		23c, NAME OF	CEMETERY	_!				TION (City, to		n ty)	(State)
	2	200		BULLET	ecify) 7-2	2-66		Mount (alva	ry				A. CO.,			
				FUNERAL OIR		ON T	3.77	AOORESS		7.4				AR 25b. RI			
		A15 (4)	1	.L.BROW	M AND S	ON T	J W.	montgon	ory	St	OATE	1 6	1	966_/	Clian	Cer)	usge

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E37761930	CERTIFICATE C	OF DEATH	ALTIMORE 1, MARYLA	ND (C
1340			943	10
b. CITY OR TOWN (if outside corpora	MARYLAND LENGTH OF STAY IN 1h	e. STATE PENNA. c. CITY OR TOWN (If outside corporal	b. COUNTY GREE	NeCi
Write-RURAL and give neerest tow	(10N (If not in hospital, give street eddress)	CARMICHA &	el, PennA	e. IS RESIDEN
3. NAME OF DECEASED (Type or print)	First Middle	Lost 4. DATE OF DEATH	Month Day	YES NO
14 6 1/10	RACE 7. MARRIED NEVER MARRIED B. D. B. D. WIDOWED DIVORCED	ATE OF BIRTH 9. A		19 6 6 UNDER 24 H Hours Min
10a. USUAL OCCUPATION (Give kind of done during most of working life, even to 13. FATHER'S NAME	f retired)	BIRTHPLACE (County & State, or fore	PA . 12. CITIZEN OF	WHAT COUN
THOMAS 15. WAS DECEASED EVER IN U.S. ARME	Smith 14	MARIA LA	wer	. 40.
(Yes, no, or unkown) (Ifyesgivewerorde		OBMANT BOLLIS GALDNER	Address F. D. L. X 11	X / VAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: A PTE A - 1-12 -	C HEART DIS	SEASE 10	T AND DEATH
gave rise to immediate cause (a), stating the underlying cause lest.	UE TO (c)			
PART II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a) 19.	PERFORMED
200 ACCIDENT WAS HINDER YING	THE JOB DESCRIBE HOW INTERVOCCHORED	hater astern of a cont in Red Les Best it a	filem 18)	
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DE	EATH NINER)			
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, Do Hour e.m. p.m.	ey, Yeer 20d. INJURY OCCURRED 20s. PLACE While Not While fectory. at work at work	OF INJURY (Home, farm, 20f. (City or street, office bldg., etc.)	town) {County}	(State
20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM) 20e. TIME OF INJURY Menth, Denote the menth of the men	ey, Yeer 20d. INJURY OCCURRED 20s. PLACE while Not While 19 rectory.	OF INJURY (Home, farm, 20f. (City or street, office bldg., etc.)	(County)	(State at (I) (we) slated abo
20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DI IIIF EITHER, NOTIFY MEDICAL EXAM 20e. TIME OF INJURY Month, De Hour e.m. p.m. 21. 1 certify that (1) (this first terms of the contribution of th	ey, Yeer 20d. INJURY OCCURRED 20s. PLACE while Not While 19 rectory.	OF INJURY (Home, farm, street, office bldg., etc.) ARC	(County)	(State of (I) (we) slated abo 22b, DA
20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DI IIF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, Do Hour e.m. p.m. 21. 1 certify that (!) (this is saw the occased alive on 22. SIGNATURE 22c. PHYSICIAN'S	ey, Yeer 20d. INJURY OCCURRED 20s. PLACE fectory. 19 at work at work 19	OF INJURY (Home, ferm, street, office bldg., etc.) 20f. (City or street, office bldg., etc.)	lown) (County) LNC, 1966, that he causes and on the date	(State



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07929 requires that the death certificate be executed within 24 haurs after death. g physician. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH impletely filled in by the funeral ve corbon popers. Pages 1 and event, within 72 hours after deal o. COUNTY o. STATE b. COUNTY ANNE ARUNDEL ANNE ARUNDEL MARYLAND b CITY OR TOWN (If autside carparate l'mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FERNDALE 1 DAY FORT GEO G MEADE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 RESIDENC ON A FARM 3 WELLS AVE KIMBROUGH ARMY HOSPITAL YES Middle 4 DATE 3. NAME OF First Last Month Year OF DEATH DECEASED JUNE CHARLES MURPHY WILLIAM (Type or print) 1F UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Doys 28 OCT 65 MALE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during mast of working life, even if refired) TOO. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CFF ZEN OF WHAT INDUSTRY USA N/A Anne Arundel, Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Cozak William Boyd Murphy TS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO 3 Wells Avenue (Yes, no or unknown) (If yes give war or dates of service) Ъ Mr. Wm Murphy Ferndale, Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.

CARDYOLDERSP signed by the buriol-tronsit burial, cremati ONSEL AND DEATH CARDIO-RESPIRATORY ARREST IMMEDIATE CAUSE (o) DUE TO EXCESSIVE HEAT EXPOSURE 19 Hours Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 moy be retained by the hospital or ottending detoched for use as the te Dept. of Health prior to hos been CEREBRAL ANOXIA last ATTENDING PHYSICIAN: The law WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES SE NO TO FUNERAL DIRECTOM: After this certificate 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Overcome by heat in parked car. (IF EITHER, NOTIFY MEDICAL EXAMINER (County) Anne Arunu 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Not While at work Swimming Pool #4 5 June 1966 Ft Geo G.Meade, Md 21 | certify that 21) (this haspital) attended the deceased from 5 June ______, 19_66, ta_6_June_____, 1966, that (4) (we) last saw the deceased alive an 6 June 19 66, and that death accurred at 1 8 M, fram causes and an the date stated above directar, page 3 sho should be filed with 22a, SIBNATUR 22b. DATE SIGNED STAFF PHYS. 6 June 1966 Much M.D. DIRECTOR 22d ADDRESS PHYSICIAN'S KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD NAME (Type) HOWARD M. TAUNING, CAPTAIN, MC 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) 230 BURIAL, CREMATION, St. Joseph Cemetery, June 9,1966 New Brighton, Penna, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland VR A15 (4) 20 M 1/66 5-165346



1	MARYLAND STATE DEPAR DIVISION OF STATISTICAL RESEARCH AND RECORDS, 30	
11		OF DEATH
death.	1. PLACE OF GEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
the further after of	Anne Arundel MARYLAND	*Maryland b. County Arundel
hours after d in by the f ars. Pages 1 thous after		CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
in hours	/ Udentan Life	Odentan
filled apers		STREET AODRESS e. IS RESIDENCE ON A FARM?
	1.392 Odenton Rd. 3. NAME OF First Middle	1392 Odenton Rd. YES NO
e be executed within 24 ho sician and completely filled i lease remove carbon papers, and in any event, within 72 h	DECEASED	Lest 4. DATE Month Day Year OF DEATH June 15 1966
ted comi		DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
xecu and (and any)	45	last birthday) Months Oays Hours Min.
an se e		1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
cate b physici n pleas	Farmer Self Empelyed	Odentan, Maryland U.S.A.
g phy	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
5 ETE/	GEORGE M. MUITAV 15. WAS DECEASE OF VERINUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	Em11y Lowman Address
attending p artending p armit Then	(Yes, no, or unkown) (If yes give war or dates of service)	
the the ation	18. CAUSE OF OEATH [Enter only one cause per light for (e), (b), and (c). 1	Norel Rebey - Same as # 2
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely use as the burial-transit permit. Then please remove carbon salth prior to burial, cremation, of embysh, and in any event, with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) John Journal	Maring ONSET MYD DEATH
thal sici: gned al-tr	3 3 3 X DUE TO XD	1/10
phy puri	Conditions, If any, which gave rise to immediate (b)	in my the
faw requir ttending p has been as the b prior to b	cause (a), stating the DUE, TO	, old the
flaw has has prid	underlying cause last. (c) ANY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 13. WAS AUTOPSY
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician, SIRECTOR: After this certificate has been signed by a should be detached for use as the burial-traned with the State Dept. of Health prior to burial, cre	BARTII. OTHER SIGNIFICANT CONDITIONS CONVEIGUTING TO GEATH BUT NOT RELATED TO CONTRIBUTIONS OF SEATH OF SEATH OF SEATH OF SEATH OF SEATH OF COURTED OR CONTRIBUTING COURTED OR CONTRIBUTING COURTED OR CONTRIBUTING COURTED OF SEATH	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (2) 19. WAS AUTOPSY PERFORME 0? YES NO
pital pital srtific d for of He	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of Injury In Pert 1 or Part II of Item 18.)
HYSICIA ne hospi this cert etached Dept. of		
PHYSICIAN: the hospital this certific detached for e Dept. of H	= 1 true I factory etc	F INJURY (Home, farm, 20f. (City or town) (County) (State) treet, office bidg., etc.)
JING PHY of by the After th d be det	while at work at work	
L OR ATTENDING y be retained by DIRECTOR: After agm 3 should be lied with the Stal	21. I certify that (I) (this hospital) attended the deceased from Q	-10-(19) to - 7-(19), that (I) (we) last
ATT reta rets 8 sh	saw the deceased alive on 2 - 14 - (192 , and that dea	ath occurred at M. from the causes and on the date stated above.
AL OR nay be NL DIRI page filed y	Walls T. Milely M.O. P.	ATTENDING MED. STAFF DIRECTOR PHYS. D 6/16/66
		22d. Aporess Monton mil
O HOSPITAL Page 4 may O FUNERAL D director, pag should be file	ADENTON MARKLAMP	Mienny "
Pag Pag Sho	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMOVAL (Specify) 18 June 1966 Nichols Bethel	
	24. FUNERAL DIRECTOR ADORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Singleton Funeral Home / Glen Burnie, Mc	
20M 1/65		<i>y</i> = = =



164	Division of STATISTICAL RESEARCH AND RECORDS, 301 W	PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS 301 W MEDICAL EXAMINER'S CE	
Poge HEALTH DEPT	Place of Death COUNTY ANNE ARUNDEL Politimore, MARYLAND	o STATE Mary Land On the state of the state
	3	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
2, and PM3 ppartm	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	STREET ADDRESS
_ x = = 2 / /		.41 S. Main Street VES \(\text{No. Main Street} \)
within 24 haurs after death If a pencil in Item 18. Give Pages 1, xangeres office along with farm ile page 1 and 2 with the State Depend in any event within 72 haurs on in any event within 72 haurs on in any event within 72 haurs or in any event within 22 haurs or in any event within 72 haurs or in any event within 22 haurs or in any event within 72 haurs or in any event within 22 haurs or in any event within 2	3 NAME OF First Middle	Lost 4. DATE Month Doy Year
er d Sive ng v h thv	(Type or prnt) HOWARD C. OHLLEY	DEATH June 7 1966
ala ala	Male White Widowed Divorced 1	ATE OF BIRTH 7 - 10 - 2 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ost birthdoy) Months Doys Hours Min
haurs Item 18 Office o	100 USUAL OCCUPATION (Give kind of work done	1 BIRTHPLACE State or foreign (oughty) 12 CITIZEN DE NUMT
any s	during mostlet working life, even if retired) HUNSING HOME.	Mad COUNTY SIT.
within pencil commercial le sought in a	13 FAMILES WARE 14	MOLHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFO	BMANT Address
xecuted nding" ir Medical I permit.	(Yes, no, or mk/gwn) (If yes give war or dates of service)	ale Meller - Chowe
exe endir Med it pe	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
I be I 'p	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) Presumed drowning	ONSET AND DEATH
ward ward the (rial-t fian,	Conditions, if ony, which gove)	
the tarta	rise to immediate couse (a), storing the underlying couse	
ficat ting rded as c	(c)	
This certificate shauld be executed cate, writing the ward "pending" in be farwarded ta the Chief Medical E be used as a burial-transit permit. For ta burial, crematian, or remaval, and the same of	PART II. OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI	TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
설득 끝요 .	200 EXTERNA CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH	er nature of injury in Port Lor Port Lof Item 18.)
TAL EXAMINER: The execute the certificator. Page 4 should be ned far your files. ECTOR: Page 3 should stignated agent, prior	CALSE OF DEATH AND ADDRESS OF THE PROPERTY OF	Acme Market at City Pock Severn Md. Reported missing 6-2-66 Severn FIN.URY (Home form, 20f (City or town) (County) (State)
xamil the the ge 4 s your f Page 3 d agen	While Mot While of foctory	treet, office bldg , etc)
MEDICAL EXA please execute director. Page retained for you DIRECTOR: Page ts designated a	21. I certify that Loak charge of the remains described above, held a	
representations of the property of the propert	death resulted from: Natural causes , Accidentix, Svicide	
IIY MEATON, please eral director be retained RAL DIRECT	ACTUAL (1)	CHIEF MEDICAL EXAMINER ACCIONANT MEDICAL EXAMINED TO THE SIGNED
UTY M Vry, ple eral di be ret ar its ar its	SIGNATURE Rudiger Breitenecker, M.D.	D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 6/8/66
O DEPUTY MEETAL EXAM necessory, please execute the the funeral director. Page 45 may be retained far your D FUNERAL DIRECTOR: Page Health ar its designated age	NAME (A/pe)	Address (Street, city, town, or county)
TO DEPUTY necessory, the funeral 5 may be TO FUNERAL Health ar ii	230 BURNAL CREMATION, 23b DATE THEREOF 23c NAME OF GENETRY OR CREM	ATORY 23d LOCATION (City or Town) (County), (Stole)
- 2	A4 FUNERAL DIRECTOR DIRECTOR DODRESS	250 REG D BY REGISTRAR 25D REGISTRAR'S SIGNATURE
VR A15ME (5)	Duct X. Lanance, Severna V	h July 13 1966 Schanles Judge
	KOBERT C. RADDANCO	nd 10



16				MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
γω				C7932 CERTIFICATE OF DEATH
	de d		1.	MACCOL DESTU
	funeral		(O. STATE O. STATE O. STATE O. STATE D. COUNTY ARYLAND ARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporote limits, write RURA, and give nearest town)
	offe ges ges		- 1	pureto DIIDAI and alun approach toward
	by the fa			SEVERNA PARK SEVERNA PARK
	4 ho l in ers.		(I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e is RESIDENCE ON A FARM?
	hin 24 h filled in papers thin 72 h	1		NORTH ARUNDEL HOSPITAL BOX 133 RT. 2 YES INO
٠	executed within 24 hours after death and completely filled in by the funeral remave corbon papers. Pages 1 cm 2 n any event, within 72 hours after death		3 1	NAME OF First Mode V Last 4 DATE Month Day Year DECEASED Type or print) JESSE J. NOWAK (NOWAKOWSKI) DEATH JUNE 8 1966
	ecuted with completely ave corbon y event, wi		5	EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED S 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	xecu com nave			M WIDOWED DIVORCED 3-27-1907 3 4 thday) Months Days Hours Mir.
	A 22 C		10o	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. (IT ZEN OF WHAT COUNTRY) INDUSTRY
	physicion of phose coval, and it		ausi	RETIRED BALTIMORE MARYLAND USA
			13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	cert dg p		_	OSEPH NOWAKOWSKI WANDA 1754-1YIK WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
	eath indir		15, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address spg. ar unknown) (If yes give war ar dates af service) 13 7 201 100 7 Mars and Mars and Mars af service) 13 7 201 100 7 Mars and Mars af service of the service of
	equires that the death certifulysican. signed by the attending phy burial-transit permit. Then burial, cremotion, or remova		H	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
	the the moti			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chemister heart disease - acute Floriber ONSET AND DEATH
	trar trar			DUE TO Congress
	quires the physician. signed by burial-trai			Conditions, if ony, which gove nse to immediate cause (a), (b) Chronics Myocardites with mitral
	g mg			stoting the underlying couse DUE TO
	The law ratending has been se as the th prior to			lost, (c) Tresuffection
	NOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificage 4 may be retained by the hospital = attending physician. FINNERAL DIRECTOR: After this cartificate has been signed by the attending ph director, page 3 should be detached for use as the burial-transit permit. Then should be file with the State Dent. of H∎alth prior to burial, cremation, or remove		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\) NO
	dl al	D	THEIG	206 ACCIDENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of Item 18.) OR CONTRIBUTING DOCUMENT OF THE PORT OF T
	by the hospital by the hospital frem this carrification be detoched for Stote Dept. of H			(IF EITHER, NOTIFY MEDICAL EXAMINER)
	PH har h this efoc efoc Deg		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, affice bldg, etc.) (City or town) (County) (State)
	ING Dy tl stem be d		2	2). certify that (i) (this haspital) attended the deceased from \$7-65, 19, to 6-8, 19,66 that (i) (we) last
	OR ATTENDING be retained by th NIRECTOR: After the 3 should be defined with the States			21. I certify that (i) (this haspital) attended the deceased from 87-65, 19 to 8, 1966 that (i) (we) last saw the deceased alive an 6-8-66 19, and that death accurred at 10-45 M, from causes and on the date stated above.
	retoinEd retoinEd ECTOR: A S should with the			220 SIGNATURE 22b. DATE SIGNED
	ok r be r olk ge 3			MD. PHYS. DIRECTOR PHYS. JUINS 9, 1900
	TO HOSHITAL OR ATTENDING PHYSICIAN: 'Page 4 may be retained by the hospital me retained by the hospital edirector, page 3 should be detached for us should be filed with the State Dent. of Healt	1		PHYSICIAN'S NAME (Type) Luther E. Little 22d. ADDRESS 10 W. Madison St.
	e 4 i	1	230	RINGAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stota) REMOVAL (Specify) C -1/-106/- LINE & RAPY AND
	Page 4		A	112KIAI 10 (1 1 100 17UL) NUMANY NEN 1 12ALINIUNE 11/10/EN11//
	VR A15 (4)C)	1	24	FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 256. REGISTRAR S SIGNATURE DATE UN 1 0 1966 Yellianles Judge
	20 M 1/66	119	10	HN M WEBER JONS INC 4015, CHESTER ST DATE ON I 1900



1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ND
	FOR STATE	07933 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 117921	
	HEALTH DEPT,	1. PLACE OF DEATH 2. USDAL RESIDENCE (Where decessed lived, if Institution Residence being	re edmission
	r. Page files.	MARYLAND STAR B. COUNTY - A	
	ay is necessary al director. Page for your files. Department of death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	town)
	director.	g NAME OF HOSPITAL OR INSTITUTION (if not in hospital, grad street eddress) d. STREET ADDRESS	RESIDENCE
	peral formal for		N A FARM?
	any of funder funder of the fu	3. NAME OF DECEASED A. DATE Month Dey	four
	to the report of the percent p	Type or print FRNEST 6, OETTY, SI, DEATH 6	1966
	rs after death. If any oeray is neces s 1, 2, and 3 to the funeral director. age 5 may be retained for your fill and 2 with the State Department within 72 hours after death.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNE birthdays Months Days Hours Days Hours Days Hours Days Hours Days Hours Days Hours Days Days Hours Days Days Hours Days Days Days Days Days Days Days Day	DER 24 HRS, Min.
	after , 2, an le 5 m and 2 within	10a. USUAL OCCUPATION (Give kind of work done during most of works) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHA	TCOUNTRY
	hours ages 1, vegy v	lette dout serves la lern West	,打一
	7.98	13. FATHER'S NAME CARLOS OF THE MOTHER'S MAIDEN NAME	
	Within 18. Girlingt. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (You no not unknown) [(If you give war out all associative)]	1-
	ecuted with in Item 18. ng with for sit permit.	Les WW 11 Elizabeth Clehur - ator	e_
	executed it in Item long with ansit pern noval, an		BETWEEN OD DEATH
	in pencil in Office along burial-transit	PART I. DEATH WAS CAUSED BY TELLE July Code Same Sound Code Survey	-
	should should s Offic b buria	Conditions, if eny, which \ \{b\}_	
	fificate sho 'pending'' i teminer's C used as a b cremation _s	gave rise to Immediate cause (a), stating the underlying DUE TO	
	certificate standing! Examiner's be used as a	A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8); 19. WAL	SALITOPSY
	R: This cer the word ` Aedical Ex hould be to to buriat,	PER TEST	RFORMED?
	DEPUTY INTEGRIENTAMINER: This certificate should be executed vess execute the certificate, writing the word "pending" in pencil in Item I should be forwarded to the Chief Medical Examiner's Office along with FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permeally or its designated agent, prior to burial, cremation, or removal, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAY PER 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION O	
	AMINER writing the Chief M Page 3 sh nt, prior t		104 1 1
	ULY NATICAL EXAMINE in execute the certificate, writing to be forwarded to the Chief. ERAL DIRECTOR: Page 3 sor its designated agent, prior	Hour s.m. While Not While factory, streat, office bldg., atc.)	(State)
	C EX	21. I certify that (Twok charge of the remains described above, held an Autopsy Inspection Inquiry and in my	opinion
4	CAI rentif ded CGI najec	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner	
	the trival DIR design	CHIEF MEDICAL EXAMINER	
	SAL its o	SIGNATURE M.D. DEPUTY MEDICAL EVAMINER (SIGNED
	DEPUTY spece exect should be FUNERA	NAME (Type) E LIN hypeoff Address (Street, city, town, or county)	7
	TO DEP please 4 shoul TO FUN Health	226. BURIAL, CREMATION (City, John, or sounty)	(h)
	H - H	25. FUNERAL DIRECTOR ADDRESS A	-
	VR AISME	Tohert S. Lananco Selverna Ck JUN 6 1966 Icharles Judge	
		PORERTS BARRANCO MAD	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1 and 2 r death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY hours after the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Burn .⊑ n and completely filled i remove carbon papers. n any event, within 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS B. IS RESIDENCE 24 ON A FARM? NOETH ARUNDE -ND executed within NAME OF Middle DATE Year DECEASED DF CLARENCE (Type or print) SBORNE DEATH 1946 5. SEX 6. COLDR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED 50 NEVER MARRIED Days WIDOWED DIVORCED [physician of physi 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME remof 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address been signed by the attenthe burial-transit permit. or to burial, cremation, or (Yes, Re, or unkown) ((If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to **DUE TO** cause (a), stating the underlying cause last. (c) t. After this certificate hauld be detached for use a he State Dept, of Health pi CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES | NO T 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING P While at work Not While at work 19 p.m DIRECTOR: A age 3 should led with the 1966 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred a LD. A. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR Page 4 may TO HOSPITAL FUNERAL PHYSICIAN NAME (TYP) ADDRESS director, p should be 1 22c. 22d. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY LOCATION (City, town or county) (State) OR CREMATORY BMOVAL (Specify) 2 own **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALS (4) 20M 1/65



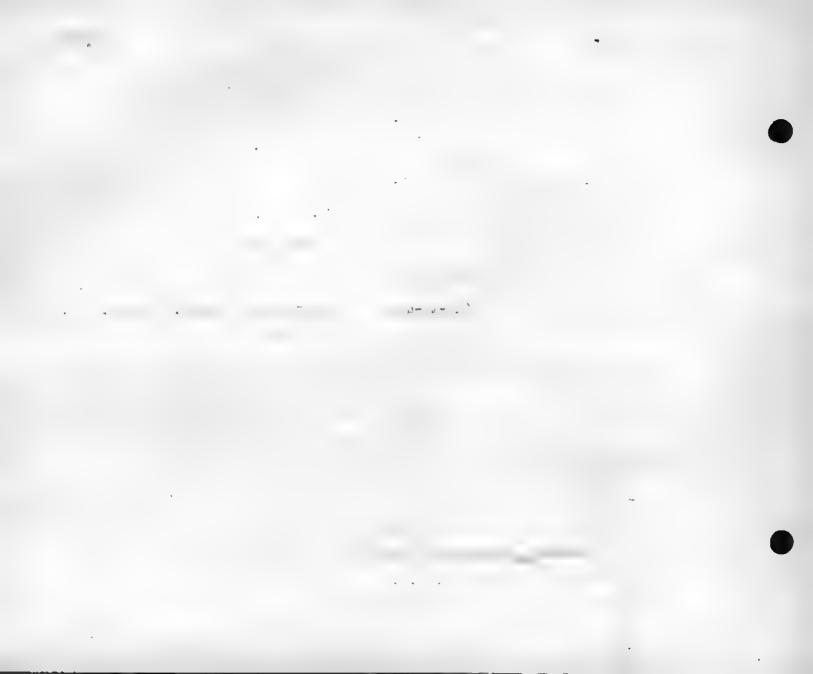
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funera and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STAT Maryland b. COUNTY in by the fast. Pages 1 Anne Arundel MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Glen Burnie Glenburnia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel General Hospital 306 Milton Court within 21061 YES NO within completely pou 3. NAME OF MIddle Lasi DATE Month Year DECEASED ve carb event, 1 June 19 66 (Type or print) Mahel DEATH Elizabeth Perrica
DATE OF BIRTH 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 1 Days Hours | Min. гетоме NEVER MARRIED White WIOOWED TY Female DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done | 10b, KINO OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT cian ease and in during most of working life, even if retired) Maryland Housewife 13. FATHER'S NAME removal 14. MOTHER'S MAIDEN NAME Ray Disharoon Sadie Henry in signe by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Regenald S. Henthorn None same address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SPITAL OR ATTENDING PHYSICIAN: The law requires that the Amay be retained by the hospital or attending physician. 6660 IMMEDIATE CAUSE (a) ache DUE TO Conditions, If any, which gave rise to immediate 事な **OUE TO** cause (a), stating has be as th prior i underlying cause tast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate has the for use a true to the second tealth but to the second tealth but the second tealth tealth but the second tealth tealth but the second 19. PERFORMEO? YES NO [202. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of Item 18.) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Oay, Year 20e, PLACE OF INJURY (Home, farm,) (State) 20f. (City or town) (County) be det State D factory, street, office bldg., etc. While Not While at work at work 1962 conne 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last 3 should with the DIRECTOR: saw the deceased alive on and that death occurred at .M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MEO. STAFF OIRECTOR . director, par should be fill Z. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) /22/1966 Elkridge, Md. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGN FUNERAL DIRECTOR 1966 VR A15 (4) 20M 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, N	IARYLAND 21201
FOR STATE	97936 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07924
HEALTH DEPT.		Anne Arundel
after death. If any detay is 8. Give Pages 1, 2, and 3 ta alang with farm PM3. Page with the State Department of within 72 hours after death.	b. CTY OR TOWN (If outside corporate imits write RURAL and give nearest town) Annapolis Life Annapolis	nte RURA, and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in mospital, give street oddress) 77 N. West Street 77 N. West Street	e IS RESIDENCE ON A FARM? YES \ NO \
This certificate should be executed within 24 hours after death. If cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm I be used as a burial-transit permit. File taget and 2 with the State De in to burial, cremation, or remayal and a say event within 72 hours.	3 NAME OF First Middle Lost 4. DATE OF CEASED (Type or pont) GEORGE THOMAS FT. PINKNEY DEATH	June 28, 1966 19
haurs after d tem 18. Give Office alang v and 2 with th event within	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In y Male Negro widowed XX DIVORCED Jan. 28-1895	doy) Manths, Days Hours Min
	10a US_AL OCCUPATION (Give kind of work dane during most of working life, even if retired) COOK—retired 10b KIND OF B_S NESS OR INDUSTRY A.A.Co. Maryland	12 CITIZEN OF WHAT COMMERCY?
d within 24 in pencul in Examiner's File (1994) and	13 FATHERS NAME Robert Pinkney Margaret Jones	
ing" in dical E	15 WAS DECEASED EVER IN S ARMED FORCES? (Yes, no or Jakonown) (f yes, no or J	t. Annapolis, Md
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shauld e ward the C unrial-tr	Canditians, if any, which gave (b) (b)	
certificate shauld writing the ward orwarded to the Ch used as a burial-tro burial, cremation, co	stating the underlying cause DUE TO lost (c)	
his certifica ote, writing e farwardec fo used as ta burial, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Port 1 of Item CAUSE OF DEATH	YES NO
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IEDICAL EXAMINER: T sase execute the certifica irector. Page 4 shauld b ained far yaur files IRECTOR: Page 3 should designated agent, priar	20c TIME OF INJURY Month, Doy, Year Hour o'm. Pm. 19 While Not While of work Partial 20f (City or to Partial)	own) (Caunty) (State)
MEDICAL EXA lease execute director. Page stained for you DIRECTOR: Page s designated a	21. I certify that I took charge of the remains described above, held an Autopsy , Inspect on , death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermin	Inquiry
Y MESTA please ex- al director. s retained at DIRECTO its design	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
F > 2 0 5 € F 3 1	NAME (Type) Werner U. Spitz, M.D. Address (Street, city, town, or county)	6-29-66
TO DEPU necessar the fune 5 may b TO FUNER Health o	Burial (Specify) July 2-66 Brewer Hill Annapolis	y or Town) (County) (State) 5. Maryland 25b REGISTRAR'S SIGNATURE
VR A15ME (5)		66 Minter Judge

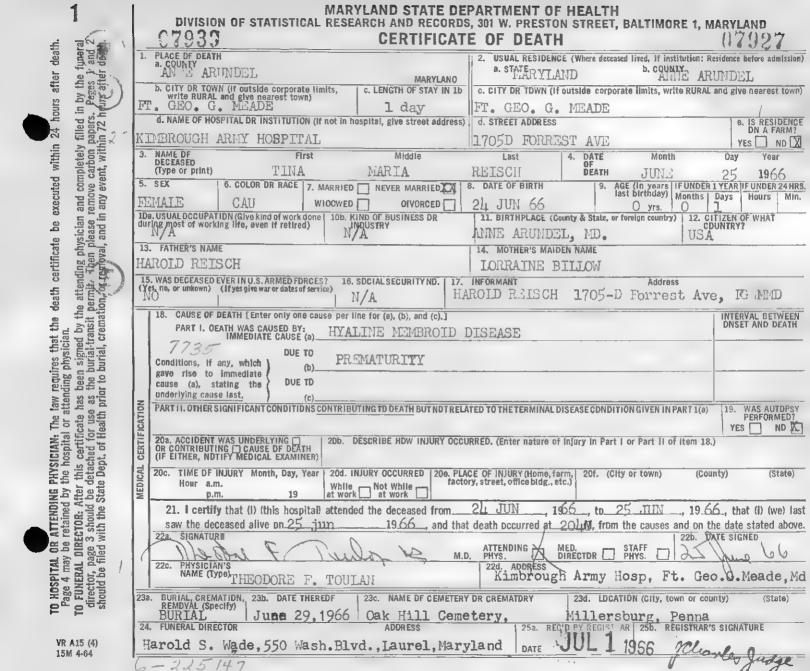


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07925 07937 CERTIFICATE OF DEATH executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). Maryland o COUNTY Anne Brundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) year Baltimore 19day Crownsville 6 mas. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 310 S. Ann Street Crownsville State Hospital YES NO X 3 NAME OF First (LeoNora) Middle 4 DATE Month Doy Year DECEASED (Type or print) #28680 OF DEATH Ilian Ε. Rajeski 6 24 66 10 S SEX 6. COLOR OR RACE 8 DATE OF PIRTH 9 AGE (In years #F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthdoy) Dovs White Female WIDOWED X Feb. 21, 1885 DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be during most of working are, even if retired) COUNTRY INDUSTRY Home TATHER'S NAME HOUSEWIFE Poland the attending physical sit permit. Then please 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Palanowski Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Balto. (Yes, no, or unknown) [(If yes give wor or dates of service)] 216-10-4018 Margaret Flynn - 310 S. Ann St. Md.21231 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:
Mydda INTERVAL BETWEEN burial-transit Myocardial Infarction ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if any, which gave rise to immediate couse (a), **DUE TO** stoting the underlying couse as the prior to 1 Page 4 may be retained by the haspitol or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K Preumonia 4 may be retained by the haspitol or 20g ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While foctory, street, office bldg., etc.) of work 21 I certify that (1) (this hospital) attended the deceased from 1/6, 1965, to 6/24, 1966, and that death accurred at 8:10 M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED MED DIRECTOR STAFF PHYS. ATTENDING 6/24/66 director, page 3 should be filed v 22d ADDRESS Crownsville, Maryland NAME (Type) Hollis Seunarine, M.D. 23o BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) CEM. 6-27-66 CO. MA 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR William FialkowskiADDRESS Balto Md Ocharles VR A15 (4) 5 William Fialkowski 2007 Eastern Ave. 21231 20 M 1/66



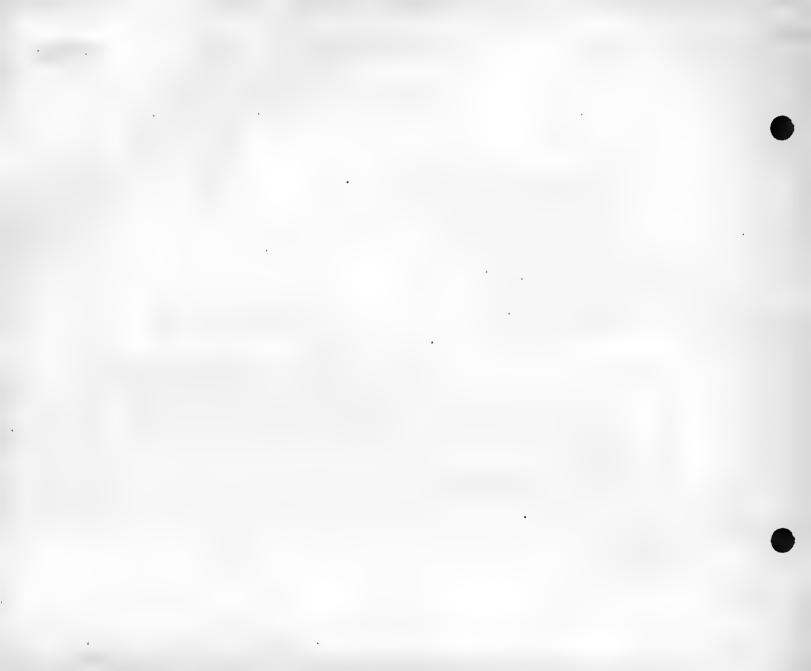
	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4	#47 ***	07938 CERTIFICATE OF DEATH 07926
24 hours after death	funeral 1 and 2 Fr death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission b. COUNTY Array Arundel A. STATE D. COUNTY Array Arundel
afte	y the ages s aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ours	in b home	The Burnis Clama hotis
	Afilled in by the fundamental papers. Pages 1 hil 72 hours after of the fundamental pages 1.	Od. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) On A FARM? YES NO
within	wit Eet	3. NAME OF DECEASED (Type or print) WILLIAM Middle R Last OF DEATH DEATH 28 1966
recuted	and comple emove cap any event	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. ACE (th years FUNDER 1 YEAR FUNDER 24 HR WIDOWED DIVORCED 7. MARRIED NEVER MARRIED NEV
be e	sician a ease re and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. USUAL OCCUPATION (Give kind of work done industry) 12. CITIZEN OF WHAT COUNTRY? 10c. USUAL OCCUPATION (Give kind of work done industry) 12. CITIZEN OF WHAT COUNTRY?
rtificate	ing physici Then pleas emoval, and	13. FATHER'S NAME 14. MOTRER'S MAIDEN NAME 14. MOTRER'S MAIDEN NAME 15. ACCOUNTY 16. ACCOUNTY 17. ACCOUNTY 18. MOTRER'S MAIDEN NAME 18. MOTRER'S MAIDEN NAME 19. MOTRE
ath ce	the attendin It permit. The nation, or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? W. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes pive war or dates of dervice) (Yes, no, or unknown) (If yes pive war or dates of dervice)
The law requires that the death certificate be executed within or attending physician.	>- 0 E	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b)
w requi	has been as the b	gave rise to immediate cause (a), stating the DUE TO CE LEGA - Vasc (a) (c)
The la	certificate h hed for use t. of Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: The	certification of the control of the	
45 2	tat se re	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While At work
ATTENDIN	TOR: Af	21. I certify that (I) (this hospital) attended the deceased from 5-30-, 1956, to 6-28-, 1956, that (I) (we) las saw the deceased alive on 6-27- 1966, and that death occurred at 85M, from the causes and on the date stated above
HOSPITAL OR ATTENDIA	To Fuke ALL DIRECTOR: Af director, page 3 should be filed with the Should be should be filed with the Should be shou	228. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED G-28-/966
OSPITA Pa 4 m2	ro FUNERAL director, ps should be fi	22c. PHYSICIAN'S IGNAS SAULYNAS 22d. ADDRESS Oumaprolis Tol Zerndols
TO H	To Figure 1	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specific) 7/2/66 STEWER SHELL CHARACTERY (State)
	AI5 (4) (7)	24 FUNERAL DIRECTOR Selse II-ang, Md. 25a. REGISTRARY 55b. REGISTRARY 5 SIGNATURE DATE JUN 29 1966 golden Judge
201	110	







,	MAKYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	C7940 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH o. COUNTY A A Co MARY_AND 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE b. COUNTY A A CO MARY_AND
2, and 3 to PM3 Page sortment of	b CiTY OR TOWN (I outside corporate imits, write RURAL and give nearest town) RURAL and give nearest town) C LENGTH OF STAY IN 1b C C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ours o	d NAME OF HOSP PAL OR INSTITUTION (if not in hosp tal, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? YES \[\bigcup NO \bigcup \]
72 S	3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED (Type or print) William To Pencikas. DEATH 6 1966
rs after d 18. Give e alang w 2. with the	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 7-29-1920 9 AGE (In years FUNDER 1 YEAR FUNDER 24 HRS Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Hours Min Months Doys Months Doys
	100. USUAL OCCUPATION (Give kind of work done during most of working life even it retired) 10b. KIND OF BUSINESS OR LITER (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12 (TZEN OF WHAT COUNTRY) S A.
n pencil in Exominer's File page	CHARLES REMEIKAS HELEN SADUSKAS
₹1 .=	15 WAS DECEASED EVER NU'S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT REMEIKAS #2
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should be e ne ward "pen o the Chief A burial-tronsit motian, or re	Conditions, if any, which gave (b)
certificate should writing the ward orwarded to the Cl msed on a burial-tr bmriol, cremotian,	stating the underlying couse Out 10 (c)
his certii ate, writ e forwar bm msed to bmrio	PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONTRIBUTED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o) PART I OTHER SIGNIFICANT CONTRIBUTED TO THE TERM NAL DISEASE CONDITION GIVEN TO THE TERM NAL DISEASE CONDITION GIVEN
AMINER: This the certificate, the certificate, our files.	E PRIMARY CO CONTRIBUTING C
	Hour om. pm f9 While of work location footory, street, office bldg., etc.)
MEDICAL EXA please execute director. Poge etolined for you DIRICTOR: Poge	21 certify that trook charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from
	SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S NAME (Type) Address (Street, city, town, or county) G-16-66 230 BUR AL (REMATION, 23b DATE THEREOF, 23c NAME OF CEMETERY OR CREMATORY, 23d LOCAJION (City or Town) (County) (Stote)
	BREMOVAL SPECIFIC G-20-66 BALTO, NATICINAL BALTO, MD- 250 REC'D BY REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR'S SIGNATURE
VR A15ME (5)	John M. Fay for Sous Chuncols, Md. JUN 17 1966 gcharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 degree death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY STATE b. COUNTY hours after Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers, Page hin 72 hours Glen Burnie Millersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 289 Waterford Rd North Arundel Hospital YES NO 1 within within etely carbon 3. NAME OF First Middle 4. DATE Last Month Year DECEASED event, (Type or print) compl DEATH REUSING FRANKLIN 19 June executed 5. SEX 6. COLOR OR RACE етпоуе 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED 5 lest birthday) Months | Oavs Oct. 1912 Hours and WIDOWED DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Construction Matchman Anne Arundel Co. Md. II.S.A 13. FATHER'S NAME MOTHER'S MAIDEN NAME John A. Reusing Alberta Pumphrey attending rmit. Th 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) 214-05-2968 Catherine Wilson (sister) Same as #2 18. CAUSE OF DEATH | Enter only one causesper line for (a), (b), and INTERVAL BETWEEN that the ONSET AND DEATH l-transi PART I. DEATH WAS CAUSED BY: attending physician. 0 000 h IMMEDIATE CAUSE (a) burial-burial, DUF TO ŝ Cenditions, If any, which been gave rise to immediate 휴무 **DUE TO** cause (a), stating the prior 1 underlying cause last. 23 ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? YES NO [the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part il of Item 18.) t of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMMER) be detached State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a,m. After While Not While at work at work retained S should | with the S 195 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at .M. from the causes and on the date stated above. 22a, SIGNATURE DATE SIGNED 22b. 88 DIR page ATTENDING STAFF M.D. PHYS. DIRECTOR 4 may HOSPITAL FUNERAL PHYSICIAN'S 22d. **/ADDRESS** director, p NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) 2 Aune 1966 Glen Haven Memorial Pk. Glen Burnie, Md. ENDVERAY DIRECTO **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Glen Burnie, Md. VR AL5 (4) םחב uneral Hema/ 20M 1/65



	1	1	Division of STA		MARYLAND STATE D		HEALTH REET, BALTIMORE, MARY	(I AND 21201	
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and the same	= -7=	1 PLACE OF D	942		CERTIFICATI		(Where deceased lived, it institu	utan Dandana I	1/330_
	requires that the death certificate be executed within 24 haurs after death g physician. signed by the attending physicial processing tilled in by the funeral e burial-transit permit. Then pleas, remove carbon papers. Pages I and a burial, crematian, ar removal, and in any event, within 72 hours after defith	a. COUNTY	Anne Arus	mde]	MARYLAND C LENGTH OF STAY IN 16	O. STATE	b. CO	Hnne	Abundal
	cours after by the fa Pages nours after	write RU	RAL and give nearest town)		C LENOTH OF THE THE	GET	Burnie.	ORRE GIVE BYEN	(dist) (V4-1)
	24 ha d in 1 pers. 72 ha	d NAME OF	HOSPITAL OR INSTITUTION (i nat in haspital,	give street address)	d. STREET ADDRESS		1	e IS RESIDENCE ON A FARM?
	fille fille thin	3 NAME OF	rth Alrunds	Frst Tos	PITA Middle	1 4 5 0 6 1	A DATE MO	oth	Doy Year
	with ribary t, with	DECEASED (Type of par	nt) N	olman	Joseph	Rheadt	OF DEATH TIME	ne	21. 1966
	executed within 24 Agranpletely filled i	s sex	6. COLOR OR RACE		NEVER MARRIED	8 DATE OF BIRTH Sebi - 9	1924 9 AGE (In years lost birthdoy)	F UNDER 1 YE Manths Do	
	be exe		PATION (Give kind of work d	one 10b k	KIND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (Col	nty & State or foreign country)	12. CHT ZE	N OF WHAT
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	oth conding	TS. WAS DECEA	SED EVER IN U.S. ARMED FOR Onawn) (If yes give wor ar, do	tor of corure)	SOCIAL SECURITY NO. 17	INFORMANT	Add Add	ress	C 1 #
	otter ermi an, a	YES	WWZ	1 0		rs-Gertmo	e M. Kheault (Wife)	DameAs 2
	of the the mail p	√18 CAUSE PART	OF DEATH (Enter only one I. DEATH WAS CAUSED BY IMMEDIATE CA		Arteniosc	lerofie	heart dil	case	INTERVAL BETWEEN ONSET AND DEATH
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	daw rading been the arta	last	e underlying cause	(2)	170cord	ial Int	-aretion	ا د	rear
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar ta	PART II. 0			TO DEATH BUT NOT RELATED TO				19 WAS AUTOPSY PERFORMED? YES NO
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	HOS ige 4 FUNI FUNI recto	230 BURIAL, CI REMOVAL	(Specific)		23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or	/	ounty) (Stote)
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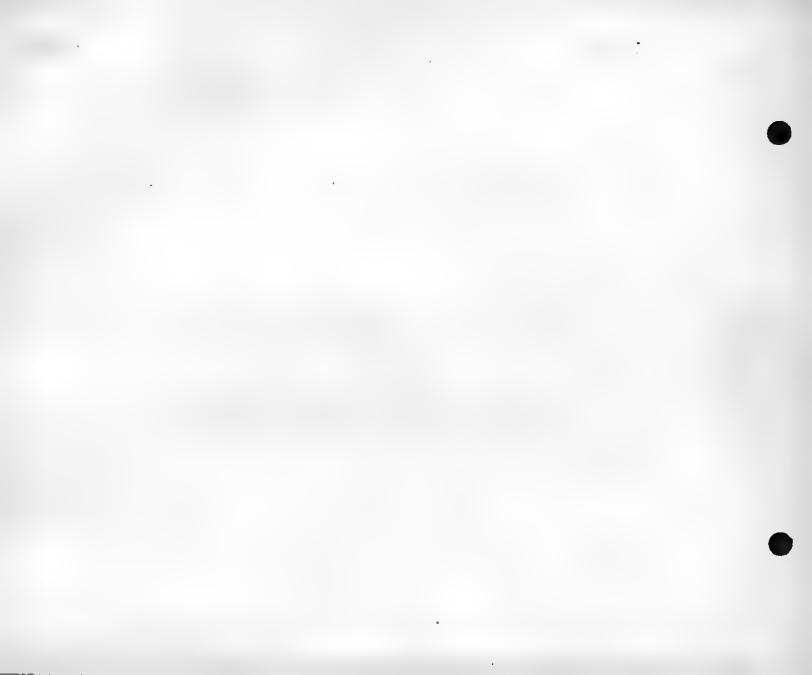


	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR STATE		07943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07931
HEALTH DEPT.	1	PLACE OF DEATH O COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed ved if institut on Res O COUNTY MARYLAND	sidence before admission)
f any delay TI, 2, and 3 t m PM3. Pag Department	,	b C.TY OR TOWN (If autside carparate limits, write RURA. and write RURA. and give nearest town) C.ENGTH OF STAY IN 10 C.ENGTH OF STAY IN 10 C.ENGTH OF STAY IN 10	give nearest tawn)
th. If Gay ges 1, 2, I farm P rate Depa		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS d STREET ADDRESS NO.0-19 - NERITH - PRONDEL - thispital to Tresentown Road	e IS RESIDENCE ON A FARM? YES NO
	3	NAME OF First Middle Last 4 DATE Manth OF OF	Day Year
afo alco wii	-	UEATH /	DER I YEAR OF JINDER 24 HRS
24 haurs lipper	10c dur		2 CITIZEN OF WHAT COUNTRY?
in a	13	FATHER'S NAME 14 MOTHER'S MA DEN NAME	
	ZE (Y)	WAS DECEASED EYER IN L.S. ARMED FORCES? 16 SOCIAL SECLRITY NO 17 INFORMANT Address ss, no, ar unknown) (If yes give war or dates of service)	
be "pe "pe nief ansil		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Wittersonlesses generalized	INTERVAL BETWEEN ONSET AND DEATH
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海 고 교	CERTIFICATION	20a EXTERNAL CALSE WAS PRIMARY are CONTRIBLTING CONTRIBLTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part or Port I of Item 18.)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, Haur a.m. While of wark at wark at wark 20 to at wark	(County) (State)
LECTIC EXA		21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted from Natural causes, Accident, Suicide, Hamicide, Undetermined manner	_
N C C C C C C C C C C C C C C C C C C C		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
national Merchine necessary, please execute funeral director. Page may be retained for to FUNERAL DIRECTOR: Health ar its designate		EXAMINER'S NAME (Type) Linkarettings. DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar county)	6-4-66.
To FL Hed.	133 X	BURIAL CREMATION. 236 DATE THEREOF 234 NAME OF CEMETERY OR CREMATURY 23d (OCATION (City or Town))	(County) (State)
VR A15ME (5)	27	FUNERAL DIRECTOR ADDRESS 256 REC DEV REGISTRAN 1966 PAGE 1966	r's SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



1(M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
	C7944 CERTIFICATE OF DEATH	07932
requires that the death certificate be executed within 24 haurs after death g physician. signed by the attending physician and campletely filled in by the funeral e burial-transit permit. Then please remave carbon papers. Pages I and 2 o burial, crematian, at female, and in any event, within 72 haurs after death	1 PLACE OF DEATH a. COUNTY CROWNSVILLE MARYLAND 2 USUAL RESIDENCE (Where deceased lived, f institution: Reside o. STATE MARYLAND b COUNTY	nce befare adm ssian)
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ecuted within 24 ho campletely filled in ave carban papers. y event, within 72 h	3. NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) ANNIE MINERVA ROGERS DEATH JUNE	Doy Year 24. 1966
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ne death ce attending p permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT The Land Land Land Address Shade	Side med.
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equies that the physicion. signed by the burial-transit burial, crema	Conditions, if ony, which gave (b) HEART FAILURE	
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O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. of Healt	Hour a.m. p.m. 19 While at work at work	ounty) (Stote)
TENDII ined by OR: Aft auld be	saw the deceased alive on 6-24-1966, and that death occurred at 240 M, from causes and an	
OR ATTENIOR DIRECTOR: 4	M.D PHYS DIRECTOR PHYS. D	MTE SIGNED
O HOSPITAL OR Page 4 may be rio o FUNERAL DIRE director, page 3 should be filed w	22c. PHYSICIAN'S NAME (Type). L. BF NEDECT M.D. 22d ADDRESS Commerce State	Togethe
Page 7 Page 4 TO FUN directs	230 BURIAL (REMATION, 1230 DATE THERFOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town), 150 CURLER EMETERY COLORS	(County) (State)
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR ZSG. REC'D BY REGISTRAR 25b REGISTRAR'S DATE JUN 29 1986 July ADDRESS DATE JUN 29 1986 July DATE JUN 20 1986 JUN 20 1986 JUN 20 1886	

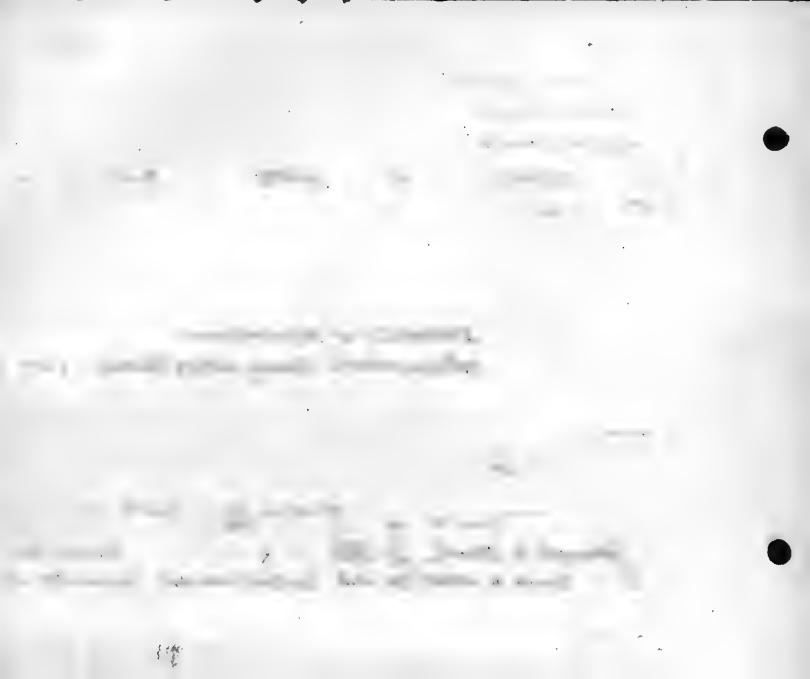


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and de de PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased tived, If Institution: Residence before admission) a. COUNTY b. COUNTY ANNE ARUNDET Vand completely filled in by the f remove carbon papers. Pages 1 in any event, within 72 hours after. ANNE ARUNDEL MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours FORT GEORGE G The HOURS FORT GEORGE G MEADE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS KIMBROUGH ARMY HOSPITAL 7007L BAKER ST ND XXX YES within 3. NAME OF First Month Day Middle Last DECEASED JUNE 23 66 KEVIN WILLIAM ROMEO 19 (Type or print) DEATH executed 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIED last birthday) Months I Days MALE CAU 23 JUN 66 physician n please 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? and certificate_ba N/A ARUNDEL. MARYLAND USA or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then FRANK ROMEO RUBY HILL ed by the attend transit permit. cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes. no. or unkown) (If yes give war or dates of service) FRANK ROMEO 7007-E Baker St FGGMMD INTERVAL BETWEEN ONSET AND DEATH 8 HR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] The law requires that the or attending physician. s been signed by t s the burial-transit for to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPILATOLY DISTRESS DUE TO L HR Conditions, if any, which HYALINE MEMBRANE DISEASE (b) gave rise to immediate DUE TO (a), stating the underlying cause last. SE (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate he detached for use a bept, of Health p PERFORMED? YESXIX NO the hospital 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING I director, page 3 should be c should be filed with the State at work at work JUN9 66 to 2000 JUN9 66 that XI) (we) last 21. I certify that XI) (this hospital) attended the deceased from and that death occurred a 2010 M. from the causes and on the date stated above. saw the deceased alive on 23 JUNE .1966 DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF 23 JUNE 1966 PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) KIMBROUGH ARMY BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 66 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64

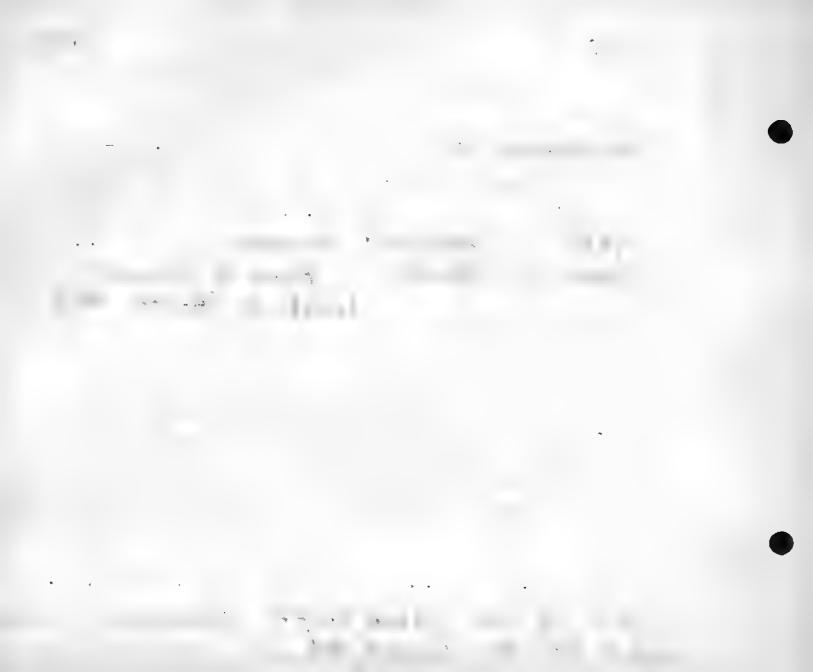
	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	he funeral ne funeral ter death.	PLACE OF DEATH a. COUNTY AND AND AND AND AND AND AND AN
	S aff	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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	ithin pletely arbon party arbon prt. within	NAME OF DECEASED (Type or print) Floriece Virginia South Death 6-10-60 - 19
	icate be executed within 24 h physician and completely filled in please femove carbon papers val, and in any event, within 72	SEX 6. COLOR OR RACE 7. MARRIED NEVEL MARRIED 8. OATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24+ last birthday) Months Days Hours Months Days Months Months Days Months Days Months
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	leally certificate ne attending phys permit. Then ple tion, or removal, a	5. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SDCIAL SECURITY NO. 17. INFORMANT Address es, rm, or unkayin) (If yes give war or date) of service)
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	r nequires inding phy s been sig s the buri	gave rise to immediate cause (a), stating the underlying cause last.
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	Certification of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	G MNTS) by the hc ter this e detach tate Dept	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 19 19 19 19 19 19 19 1
	TO RUDALITAL OR ATTENDING PHYSICINN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the burial-transflould be filed with the State Dept. of Health prior to burial, cranspanding to the burial of the state Dept.	21. I certify that (I) (this hospital) attended the deceased from 1955, 19, to 1966, 19, that (I) (we) saw the deceased alive on 6 9 (2019, and that death occurred at 20M, from the causes and on the date stated about
	L OR A1 y be re DIRECT age 3 s ifed wit	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. D
	RUZFITAL (age 4 may FUNERAL D rector, pag ould be file	22c. PHYSICIAN'S) P.O Box 73 Sever 22d. ADDRESS Parl Wg
	Page Page direct	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town of pounty) (State) REMOVAL (Specify) ADDRESS 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4) 20M 1/65	ADDRESS 25a. REC'D BY, REGISTRAR'S SIGNATURE Stack DATEN 13 1966 Clarkes Judges
	. 0,	LIBERTS SHIRRANEL MIL



1		MARYLAND STATE DEPARTMENT OF HEALTH					
, -of "		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH					
24 hours after death filled in by the funeral apers. Pages 1 and 2 and 2 fours after death	71,	PLACE DF DEATH 1/2. USUAL RESIDENCE (Where deceared lived, 16 Institution; Residence before admission)					
		3. COUNTY ANNE ARVIGE ! MARYLAND C. STATE MD. b. COUNTY //					
rs afte by tages Pages urs afte		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
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Fige in	3	NAME OF First Middle Last A. DATE Month Day Year					
ed w	5.	(Type or print) MICHAEL A. SHEPRE DEATH JUNE 10 19 66					
ires that the death certificate be executed within physician. signed by the attending physician and commietely burial-transit permit. Then please remove carbon purial, cremation, or removal, and in any event, within		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 1 YEA					
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leath a att	\ <u>`</u>	NO 213-10-5393 7-AM./4 Some					
the c		18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), end (c),] PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN DNSET AND DEATH					
hat 1 cian ed b tran , cre		PART I. DEATH WAS CAUSED BY: IMPARCE TOWN OF MYOCARDIUM					
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JING PHYS JING PHYS After this d be detac	MEDICAL	Hour a.m. While - Not While factory, streat, office bidg., etc.)					
DINC ell bid be e Sta	Σ	21. certify that () (this hospital) attended the deceased from Tune 10, 1966, to June 1966, that () (we) last					
th th		saw the deceased alive on June 10 19 66, and that death occurred at 2 PM, from the causes and on the date stated above.					
OSR A		22a. SIGNATURE SOSEPH Q MED. ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 170 NEIO, 1966.					
may At Dage e file		22c. ADDRESS					
PHYSICIAN: The law requirence of may be retained by the mappital or attending to FUNERAL DIRECTOR: After this curtificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		(MAME (Type) Joseph A. MEAD, JR., M.D., 605 BALTO-AWAY. BAND. Severan Pret, M.					
TO KOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shouls should be filed with the	238	BENIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
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VR AI5 (4) 1/05	-	- While faul the 237 Part poso are JUN 14 1966 Charles Judge					
EDW 1/03							



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	07948 CERTIFICATE OF DEATH 07936
	PLACE OF DEATH o COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o STATE Maryland Anne Arundel
	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Annapolis c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Annapolis
	d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 1000 Madison St., Apt-8C on a FARM? YES \(\sum \) NO \(\sum \)
100	NAME OF First Middle Lost 4 DATE Month Day Year DECEASED (Type or print) Franklin Montoure SHORTT DEATH June 3 19 66
	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Male White WIDOWED DIVORCED Dec. 3, 1903 9 AGE (n years lif UNDER 14 ARS IN UNDER 24 HRS as birthday) Manths Doys Hours Man
d	On USUAL OCCUPATION (Give kind of work done uring most part of the property) In the property of the property
	FRANK C. SHORT EMMA V. Carroll
	S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO LINFORMANT LOUISE K. SHORTH #2
	18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause (b) DUE TO (c)
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RULL NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALITOPSY
A CITATION OF THE STATE OF THE	ZDO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 1B.)
ALC CA	2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 40 PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that (I) (NOS TOS SOCIETY) attended the deceased from, 1955, to, 1966, that (I) (year) lo saw the deceased olive on, 1966, and that death accorded at, M, from causes and on the date stated above
	22a. SIGNATURE ATTENDING M.D. ATTENDING MED. STAFF B 3 /6/2 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS
	NAME (Type) John L. Hedeman, M.D. 1407 Forest Drive, Annapolis, Md.
	30 BURIAL CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) CEDAE BLUFF ANNAPOLIS MD ADDRESS 250. REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Anne Arundel Anne Arundel MARYLAND arvland ar. b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. rue. 72 hours ? write RURAL and give nearest town) é hours Burnie 11 Yrs. .⊆ Glen Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 60 d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? Vista 189 Vista Ave. (Frendale) AVE. (Ferndale) YES NO X etely executed within carbon NAME OF First Middle Last DATE Year DECEASED DF (Type or print) DEATH 1966 June 6, CDLDR OR RACE 7, MARRIED remove DATE OF BIRTH AGE (In years LIF UNDER I YEAR JF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours and in any WIDOWED 10a USUAL DCCUPATION (Cive kind of work done during most of working life, even if retired) DIVORGED 51 10b. KIND OF BUSINESS OR vsician 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT ease death certificate be INDUSTRY CDUNTRY? Self Empolved -y the attending phys -transit permit, Thensole , cremation, or rem Lantractor Penna 11 S FATHER'S NAME (unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) (wife) 215-10-6804 Mrs. Emily C. Same Smith 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the DINSET AND DEATH PART I. DEATH WAS CAUSED BY: 40 condiest IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, o DUE TO Conditions, if any, which (b) rise to Immediate as the b **DUE TO** cause (a), stating underlying cause tast. (c) PART H. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PHYSICIAN: The certificate CERTIFICATI PERFORMED? YES ND [5 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of 1 DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour 8.m. Not While ATTENDING p.m. at work at work 70 should ith the 1962 21. I certify that (I) (this hospital) attended the deceased from 1966 that (I) (we) last DIRECTOR: age 3 shoul led with the and that death occurred at 5.45M. from the causes and on the date stated above. 1066 saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. filed STAFF PHYS. DIRECTOR M.D. PHYS Page 4 may director, pag should be file TO HOSPITAL FUNERAL **ADDRESS** 22c. PHYSICIAN'S 220. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Baltimore Loudon Park Cemeterv 1966 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTBAR'S SIGNATURE 1966 Glen Burnie, Md. VR A15 (4) V. Singleton 20M 1/65



YES NO X Month Year June 66 19 IF .. NDER 24 HRS 9 AGE (In years IF LINDER I YEAR last birthday) Months 12 CITIZEN OF WHAT COUNTRY? USA MATILDA MARSH 119 W. Hunter Circle INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN.JRY OCCURRED (Enter notice of niury in Part I or Part 1 of Item 18) PRIMARY CONTRIBUTING CAUSE OF DEATH 20x TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (Caunty) (State) foctory, street, office bldg . etc.) Not While at wark at work 21. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection [Inquiry 1 and in my opinion death resulted from Natural causes X Acerdent [Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIG NATURE 6/8/66 Rudiger Breitenekker, M.D. DEPUTY MEDICAL EXAMINER NAME (Type Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d LOCATION (City or Town) (Stote) ARLINGTON NATIONAL CEM. ARLINGTON, VIRGINIA 6/10/66

ADDRESS

LEONARD J. RUCK. INC. BALTO. MD. 21214

e IS RESIDENCE ON A FARM?

REGISTRAR'S SIGNATURE

25g. REC D BY REGISTRAR

VR A15ME (5) 6M 1/66

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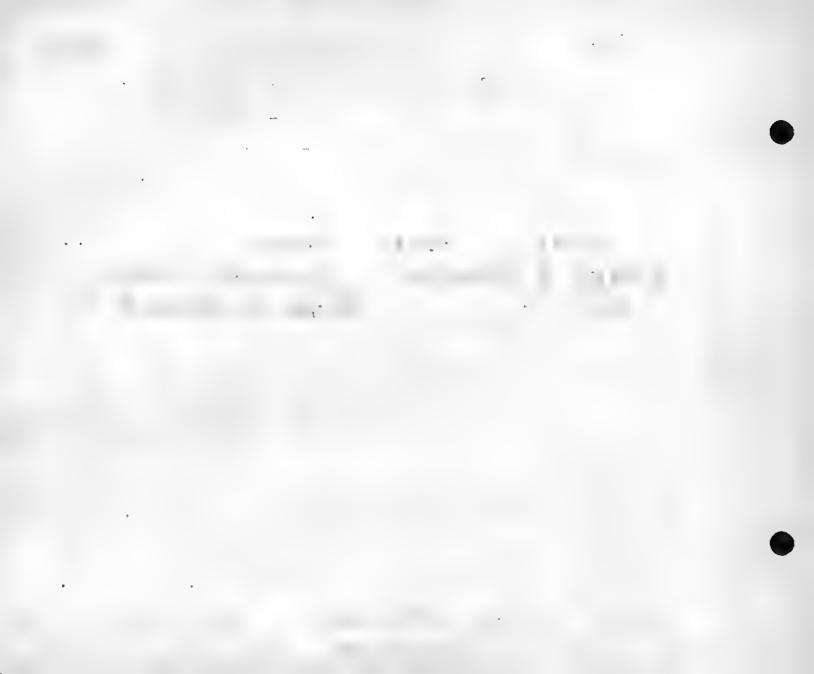
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24. FUNERAL DIRECTOR

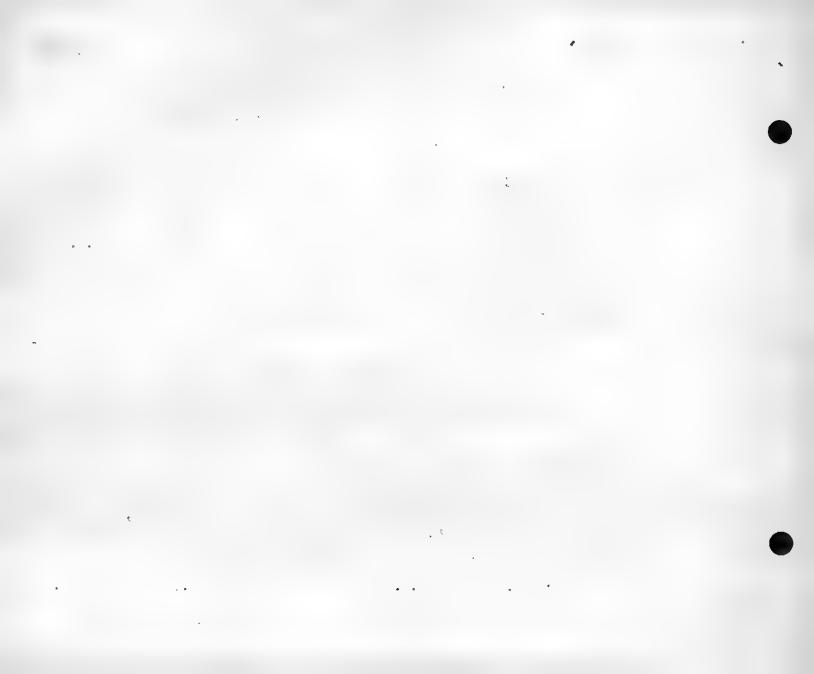


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) I. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel MARYI AND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) RURAL * Edgewater Annapolis 5 days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Anne Arundel General Hospital Rt-2, Box-164 G-2 3. NAME OF Middle 4. DATE East Manth Doy Year DECEASED SOUTHWICK 19 66 Shannon June **Edna** DEATH (Type or print) 9. AGE (n years last birthday) IF JNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED KY B. DATE OF BIRTH IF JNDER 24 HRS. **NEVER MARRIED** Hours Female White WIDOWED DIVORCED Feb. 10, 1908 58 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working the even if retired COUNTRYS Illinois If if yes give wor ar dates of service IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and((c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [NO Ę 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, effice blda, etc.) at wark . 19 to June 13., 19 66 that (1) (wis) last 21. I certify that (I) (this to spirat) attended the deceased fram. be retained June 13 19 66 , and that death accurred at M, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22n. SIGNATURE STAFF director, pour M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY (State) REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTIM



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death funeral Tand pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) p. COUNTY o STATE b. COUNTY Anne Arundel Anne Arundel **MARYLAND** Marvland b. CITY OR TOWN (It outside carparate I mits, write RURAL and give nearest town)

Annapolis c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL - Arnold 2 days and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Rt-2, Box-425 Anne Arundel General Hospital YES NO [3. NAME OF First Middle 4 DATE Month Day Year DECEASED 19 66 Bessie SPECHT June 26 (Type or print) Lenora DEATH 5 S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years last birthday) Manths Davs Haurs WIDOWED DIVORCED May 15, 1881 Female White 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** COUNTRY? Maryland Home 13 FATHER'S NAME burial, crematian, or remayal, 16 SOCIAL SECURITY NO. IS WAS DECEASED EVER NILS ARMED FORCES? 17. INFORMANT (Yes, no, or whichgwn) (If we give war at dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a) burial-transit PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (Conditions, if any, which gave rise to immediate cause (a) DHE TO stating the underlying cause as the priar to b O FUNERAL DIRECTOR; After this certificate has been last 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES -NO XX 20a, ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Nat While at work at wark , to June 26., 19 66 that (1) (36) last 2]. I certify that (I) (thesebaspited) attended the deceased fram. be retained June 26, 1966, and that death occurred of saw the deceased alive on_ M. fram causes and on the date stated above. 22a SIGNATUR 22b. DATE SIGNED ATTENDING PHYS MED. IX director, page 3 should be filed w M.D. DIRECTOR 22d ADDRESS 22C PHYSICIAN'S NAME (Type) Frank M. Shipley Cathedral St., Annapolis, Md. M.D 121 23b. DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) June 29, 1966 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

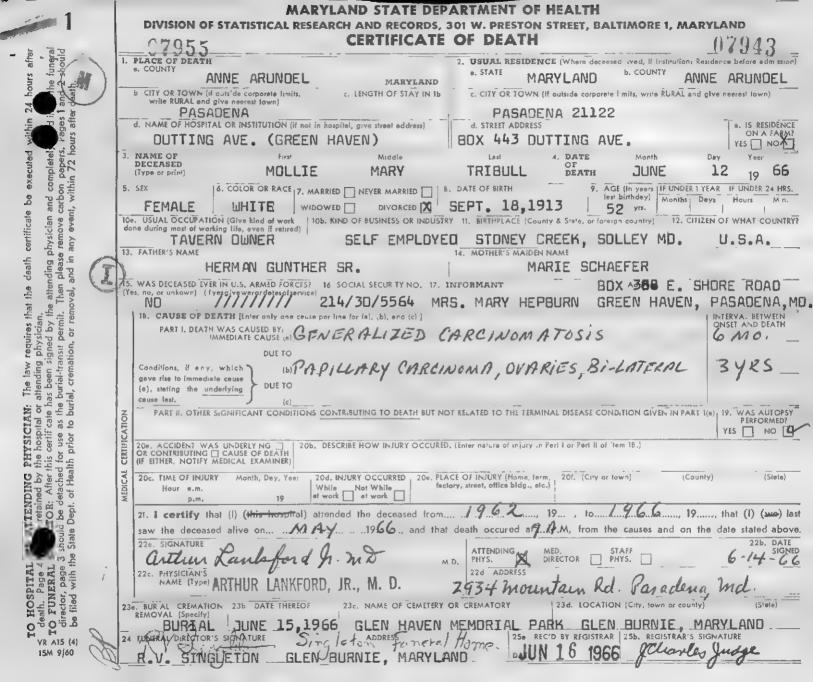


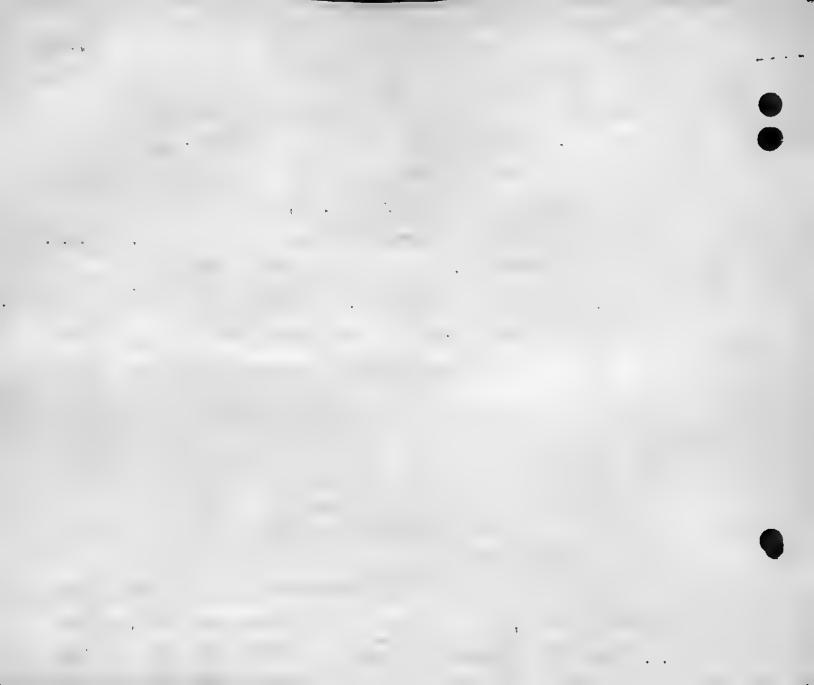
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27955 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral isit permit. Then please remove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne_Amindel c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b CITY OR TOWN (If outside corporate I mits write RURAL and give nearest town) & LENGTH OF STAY IN 16 Ferndale d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 326 Broadview Blvd N. Arundel General Hospital YES NO TE 3. NAME OF First Middle 4. DATE Lost Month Year DECEASED
(Type or pont) OF DEATH Albert V. SPIES, SR June 18 19 66 IF UNDER 24 HRS. 1 YFAR S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 7 MARRIED NEVER MARRIED Old yrs Days Hours Male White WIDOWED DIVORCED Nov. 30. 1901 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) during most of working life, even if refired)
Clerk COUNTRY? INDUSTRY & O. R. R. West Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Caspar Spies Florence Ruff IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) If If yes give war ar dates of service Mrs. Mildred Spies - same No. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use NO [200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) Not While factory, street, affice bldg., etc.) at wark at work 21 | certify that (1) (this hospital) attended the deceased fram. , 19___, that (I) (we) last . 19...... to director, page 3 shauld shauld be filed with the M, fram causes and on the date stated above. saw the deceased alive an and that death accurred at 22o, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. X June 19, 1966 M.D. DIRECTOR 22c. PHYSICIAN'S 22d, ADDRESS George S. Tan. M.D. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Ritchie Hgwy. June 21,1966 Burial Glen Haven Memorial Pk 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milarles VR A15 (4) 20 M 1/66 George J. Gonce - 4001 Ritchie Hgwy. Baltimore 1010 2



1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARVI AND
£ 50E	2		C7954 CERTIFICATE OF DEATH	07949
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t ho	J	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital plus street address) d. STREET ADDRESS	e. IS RESIDENC ON A FARM?
y fill pap	37	_	210 E. 11 tae 210 E. 11 the	YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. FOR FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formers director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial-transiton, or removal, and in any event, within 72 hours after the fact.	7	3,	NAME OF First Middle Last 4. DATE Month OF	Day Year
ред фио		5.	(Type or print) HELISN R. / LUMPSOM DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if Under	18 19 GL
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The law requires that the death certificate or attending physician. sate has been signed by the attending physicus as the burial-transit permit. Then ple apit brior to burial, cremation, or removal.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
at talian.		Ш	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Combrovascular accellent	ONSET AND DEATH
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OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. HIRECTOR: After this certificate has been signed by ea 3 should be detached for use as the burial-trangor with the State Deot. of Health prior to burial, cre-		MEG	Hour a.m. p.m. 19 While Not While factory, street, office bidg., etc.)	
ATTENDIN retained b ECTOR: Aft s should b with the St			21. I certify that (1) (this hospital) attended the deceased from Leaf 3, 1961, to Year 18, 196	6., that (I) (we) las
CTO sho			saw the deceased alive on 1966, and that death occurred at 2 M, from the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the caused at the causes are caused at the caused at	
De la Se la			ATTENDING MED. STAFF	DATE SIGNED
rAL CAL Dage	!		22c. PHYSICIAN'S NAME (Type) Monton M Kniegen M D ATTENDING MED. PHYS. Man. D. PHYS. Man.	R 20, 1466
D HOSPITAL Page 4 may Funeral D Glicctor, pags			NAME (Type) Morton M. Krieger, M.D. 5010A Ritchie Hwy. Balto, Md.	21225
Page D Figure Shou		23a	DEMONST (Constant of Constant	ounty) (State)
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. 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07956 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07944
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Besidence before admission) a. STATE b. COUNTY
cssary to the funeral e 5 may be 5 Department after death	b/CITY OR TOWN (it outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
Dep after	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM?
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any c 2, ar PM3. th the in 72	(Type or print) WILLIAM EUGENE LUCKER DE DEATH 6 20 1966
er death. If ar live Pages 1, 2 with form P and 2 with event within	WIDOWED DIVORCED /2-10-192/ 44 yrs. Months Days Hours Min.
ours after death. If any delay n 18. Give Pages 1, 2, and 3 a along with form PM3. Pages and 2 with the State of and 2 with the State of any event within 72 hours of the state of the stat	10a. USUAL OCCUPATION (Give kind of work done Db. Kind of BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
24 hours after 18. Gi Office along File peges	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Them Them Thee	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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ed with per kamin kamin it per it per on nem	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) A C L L C C C C C C C C C C C C C C C C
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ficate should be executed the word "pending" in the Chief Medical Exa used as a burial-transit to burial, cremation, on	Conditions, if eny, which gave rise to immediate cause (a), stating the DUE TO
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EXAMINER: This certificate should be executed within 24 hours at the certificate, writing the word "pending" in pencil in Item 18. should be forwarded to the Chief Medical Examiner's Office along files.	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour e.m.
XAMIN certif culd b uld b ss.	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion
the country the co	death resulted from: Matural causes , Accident , Suicide , Homicide , Undetermined manner , CHIEF MEDICAL EXAMINER
ry MEDIA execute the Page 4 to your tal DIRECTAL DIRECTAL	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER (DEC.)
D DEPUTY MEDIC.—EXAMINE please execute the certific director. Page 4 should be retained for your files. O FUNERAL DIRECTOR, Page of Health or its designated	EXAMINER'S F. L. N SHICOLY. Address (Street, city, town, or county) 6. 10.66
of H	BREMOVAL (Specify) 6-23-16 HPLINYTON WATE HELINGTON //a.
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The part Death Enter only one cause per line for (a), (b), and (c).	0		OFCEASED (Type or print) BABY GIRL WA	Last 4. DATE Month OF DEATH JUNE	Day Year 18 19 66
TOBERT I WALKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, no, or unknown) (If yes give war or dates of service) N/A Robert L. Walker 14.32 S. Hanover N/A Robert L. Walker 14.32 S. Hanover 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMANCE 19. WAS DECEASED AND TO THE ADDRESS OF DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMANCE 20a. ACCIDENT WAS UNDERLYING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMANCE YES ONSET AND 3 HR 19. WAS DECEASED AND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMANCE YES YES ONSET AND 3 HR 19. WAS DECEASED AND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMANCE YES YES YES ONSET AND 3 HR 19. WAS DECEASED AND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMANCE YES YES YES ONSET AND 3 HR YES YES YES YES YES YES YES YE	10a.t durin	10a dur	FEMALE CAU WIGOWED OIVORCED OILORGED OI	18 JUNE 1966 yrs. 11. BIRTHPLACE (County & State, or foreign country) ANNE ARUNDEL, L'ARYLAND	onths Days Hours Min. 3 33.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 19. WAS IMMEDIATE CAUSE (a), stating the underlying cause (a), stating the underlying cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFE (VES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. While st work at work and that death occurred at 3. AM, from the causes and on the date state 22a. SIGNATGRE 22a. SIGNATGRE 22a. SIGNATGRE 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS 22d	13.	13,			
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work Not While at work 19 to	NOI P	ICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED.		RT1(a) 19. WAS AUTOPSY PERFORMED?
21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 3 AM, from the causes and on the date state 22a. SIGNATURE 22b. DATE SIGNED M.O. PHYS. DIRECTOR PHYS. DIR	1 . 1 .				
	MED	MEDIC	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19, and that 22a. SIGNATURE 22c. PHYSICIAN'S M.O.	death occurred at MED. ATTENDING MED. PHYS. OIRECTOR PHYS.	, 19 66, that (I) (we) last and on the date stated above 22b. DATE SIGNED
	E		9a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 6 20 1966 Loudon Pa	OR CREMATORY 23d. LOCATION (City, town	n or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admissible o COUNTY o STATE Maryland b COUNTY Baltanore Anne Arundel death. MARYLAND b CITY OR TOWN (If auts de corparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate i mits, write RURA» and give nearest tawn) PM3 tural. North Shore N.A. Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hosp ta, give street address) d STREET ADDRESS d IS RESIDENCE ON A FARM? ate De Office along with form was brought to N. Arundel Hospital (DOA) 123 South Poppleton Street / NO X 24 hours after death John Joseph Allace 4 DATE June DECEASED 10SEPH DEATH S SEX 9 AGE (n years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS July 23, 1950 las**rjórj**ňday) Hours white male W DOWED 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working ife, even if retired) Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within Joseph John Waldere Agnes Sampson IS WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address or removal, (mother) Agnes Sampson, 123 S. Poppleton Stree no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Asphyxiation This certificate should used as a burial-tra burial, crematian, accidental drowning DUE TO minutes Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) none NO TE YES 20a EXTERNAL CAUSE WAS Accidental drowning, North Shore Beach, Cox's Creek, PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH, Magothy River A A Coun
20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year (City or town) North Shore Beach. Cox's Creek, Magothy River designated (21. I certify that I took charge of the remains described above, held an Autapsy Inspect on D ond in my opinion deoth resulted # Accident X Suicide Homicide Undetermined monner 6/26/66 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Portland Lothian, DEPUTY MEDICAL EXAMINER NAME (Type) Charles H. Wirth, M.D. Health | Address (Street, city, fawn, or county) 230 C BUR AL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORA 23d LOCATION (City or Town) 90 emateran 24 FUNERAL DIRECTOR 2Sq. RECXD BY REGISTRAR VR A15ME (5) 1956

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IVI	07959	CERTIFICATE OF DEATH	07947
r death funeral 1 and 2 er death	1. PLACE OF DEATH a. COUNTY Anne Arundel	CYATE	eased lived, if institution: Residence before admission) b. COUNTY Anne Arundel
haurs after death	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis		orate limits, write RURAL and give nearest town)
hin 24 ha filled in 1 papers thin 72 ha	d NAME OF HOSE TALL OR INSTITUTION (If not in bosoitol, (Dead on arrival) Anne Arundel General Hospi	give street address) d. STREET ADDRESS tal Rt-1, Box-460	e is residence on a farm? Yes \(\sum \) no
completely fi	3 NAME OF First DECEASED (Type or print) Minnie	Middle Lost 4. DATE OF DEAT	TH June 24 1966
executed and complet remove can arrive events	Female 6 COLOR OR RACE 7 MARRIED WIDOWED	Dec. 18, 1895	9. AGE (n years IFUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min
ertificate be exemply solution and content of the please remply caval, and in any	during most of working life, even if retired)	SIND OF BUSINESS OR NOUSTRY II BIRTHPLACE (County & State, or Page 1)	foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.
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te law requires that the death certificate be executed within 24 haurs after death trending physician. as been signed by the attending physician and completely filled in by the funeral is as the burial-transit permit. Then please remove carbon papers. Pages I and 2 prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death.	18. CAUSE OF DEATH (Enter only one couse per line of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove nse to immediate couse (o), stating the underlying couse lost (c)	Erebeal Thrombosis tensine cardiorsscalar de	INTERVAL BETWEEN ONSET AND DEATH LEASE GRAND JANUARY JANUARY
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PHYSICI he haspit this certif this certif etached	20c TIME OF INJURY Month Day, Year White	INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory_streel, office bidg., etc.)	
ATTENDING stained by It CTOR: After I should be dith the State	21. I certify that (I) (this hespital) after say the deceased alive on June	nded the deceased fram Have, 1960,	to June 24 , 19 66, that (I) (we last M, from causes and on the date stated above
OR be red weed w	220 SIGNATURE F. Smit	M.D PHYS MED DIRECTOR 22d. ADDRESS	
TO HOSPITAL Page 4 may TO FUNERAL I directar, pag shauld be fil	230 BUR AL CREMATION, 236 DATE THEREOF PEROVAL (Specify) 27/6/5	Ou Alte Ensters	LOCATION (City or Town) (County) (State)
VR A15 (4)	7. A. Hardeste, Co	leville ma 250, REC'D BY REGIL	9 1966 Scharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY B. STATE h. COUNTY Pages A after after MARYLANO Anne_Arunde b. CITY OR TOWN (If outside corporate limits. C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town write RURAL and give nearest town) carbon papers. Pag hours Ë Burnie d. NAME OF HOSTITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Sun Valley) filled IS RESIDENCE ON A FARM? N. Arundel 109 Albert YES NO N Hasn within completely 1 3. NAME OF Middle DATE Month Last Day DECEASED 8 (Type or print) DEATH 19 death certificate be executed in and come e remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Oays | Hours | Min. 8. 7. MARRIED NEVER MARRIEO □ Oays WIDOWED 1 DIVDRCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT NDUSTRY, OTHE physician lease during most of working life, even if retired) COUNTRY? Baltimare, Maryland Housewife U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending phytransit permit. Then proceed, or removal, гетоуа (unknewn) (unknown) Mheeler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 318 King Geo. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) (Son)Or. Glen Burnie None G. Leomard Warfield No Unknewn 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed burial-ti burial, DUE TO Conditions, if ony, which **(b)** peen rise to Immediate as the prior to **OUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate the hospital or NO F 5 20a. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME DF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. CTOR: After should be d Not While ATTENDING p.m. 19 at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Juge 3 should led with the 66, and that death occurred at 2 saw the deceased alive on .M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. Pe Pe page ATTENDING PHYS. M.D. HOSPITAL PHYSICIAN'S FUNERAL 22c. **ADDRESS** should be NAME (Type) director, LDCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) Glen Burnia. 1968 Glen Haven Memorial Pk Burnie, Maryland 25b. REGISTRAR'S SIGNATURE <u>Buria</u>] 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) Glen Burnie, Md. DATE RICHARD V. SINGLETON 20M



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	y the a		18 CAUSE OF OF PART I. DEAT	ATH (Enter only one cous IH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Ca:	(0), (b) rdi), ond (c).) orespirat	or	v Arrest				INTEL ONS 10	RVAL BETWEEN ET AND DEATH VLI 12
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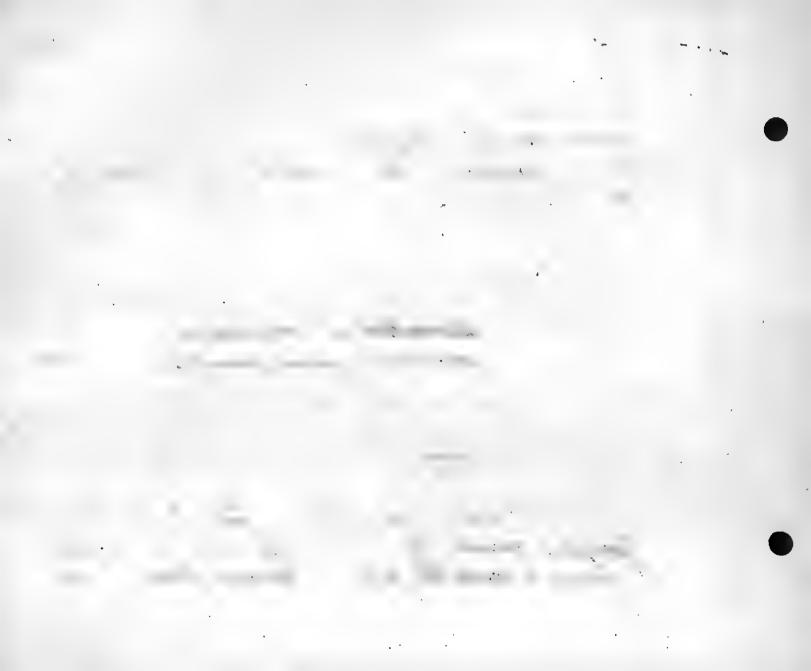
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07950requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Aruhdel Anne Arundel MARYLAND b CITY OR TOWN (II outside carparate limits write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 12 days Annapolis RURAL - Edgewater d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rt-2, Box-42E. Anne Arundel General Hospital 3 NAME OF Middle 4 DATE DECEASED 1966 Alice WELLBROCK June Dora (Type or print) DEATH 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR S SEX 7 MARRIED **NEVER MARRIED** 9. AGE (In years IF UNDER 24 HRS. last birthday) White Female Aug. 17, 1892 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind at wark done during most of working life, even if retired) 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY 2 Massachusetts 13. FATHER S NAME burial, cremation, or remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (Il yes give war or dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 2014 NO Y Y 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 200, ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, affice bldg , etc.) Nat While at work at work , 1903, ta June 2, 1966, that (1) (36e) last 21. I certify that (I) (this hospital) attended the deceased fram _______ M, fram causes and an the date stated above. Juna 2. 19 66, and that death accurred at saw the deceased alive an___ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) 121 Cathedral St., Annapolis, 23b, DATE THEREOF 250 REC'D BY REGISTRAR

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	by the forms after urs after		ANNE ARUNCE MARYLAND B. COUNTY D. COUNTY AMARYLAND	$\sqrt{}$
			write RURAL and give nearest town.	arest town)
	E E	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, glyp street address) d. STREET ADDRESS 6. IS	RESIDENCE
			North Acrosol Hospital #731 - S. Broad St. YES	A FARM?
	executed within and completely fremove carbon prant any event, within	3.	DECEASED	Year 1966
	ted comp even	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF	NDER 24 HRS.
	and corremove		WIOOWED DIVORCED Aug- 30, 1896 last birthday) Months Cays Ho	ours Min.
	==	10 du	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Uring most of working life, even if retired) 12. CITIZEN OF W	/HAT
	A CONTRACTOR OF	13	Nurse (ret.) Hospital North Carolina U.S.A.	-
	certifica Iding M Theo remova	1	IT was M Malma	
	that the death certificate sician. med by the attending pre- al-transit permit. Then pla al, cremation, or removal,	13	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address GRABU	rmi e a
	leath earm on, c		No un Unknown Mr. Harold White (Son) 3000 As	= 14d=
	he c y the sit p mati			BETWEEN ND DEATH
	hat t cian. ed b ed b tran		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INFINE TON OF MY CONSOLUM	4
	uires that the death completed by the attency signed by the attency burial-transit permit.		conditions, if any, which) OUE TO Actecroscient fic Consumery theom biss 5	145.
	reguir ding p been the b		gave rise to immediate cause (a), stating the DUE TO	/
	law rectendir	2	underlying cause last.) (c)	
	PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-trans. Dept. of Health prior to burial, cre	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WALL PER	S AUTOPSY FORMED?
	IN: Tital triffication for the form	THE	YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	NO
	hosp hosp ched ched			
	PHY the this deta deta e De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bldg., etc.) (City or town) (County)	(State)
	DING Pred by the After to do be de e State	ME		
	OR ATTENDING be retained by IRECTOR: Afte g 3 should be d with the Sta		21. I certify that (this bospital) attended the deceased from 6-3, 1966, to 6-5, 1966, that (saw the deceased alive on 1966, and that death occurred at 86M, from the causes and on the date sta	
	A AT		22a. SGNATURE 22b. OATE SIGNED	
	AL DR nay be AL DIR page filed		Joseph attending Med. STAFF 6-5-66	*
	TO HOSPITAL OR ATTENDING F Page 4 may be retained by to TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State		PHYSICIAN'S NAME (Type) A. MEAD, GR M.D. 22d. ADDRESS SEVERNA PARK, Md.	
	Page Page FU direct	23	REMOVAL (Specify)	(State)
	e e	24	But ial June 7,1966 Time Hill (emetery Burlington, No Catol	lina
	VR A15 (4)	R	Appress function 15 Jeffer Burnie Md Daton 7 1966 Icharles Judg	e.
	20M 1/65	T	in the state of th	



MARYLAND STATE DEPARTMENT OF HEALTH



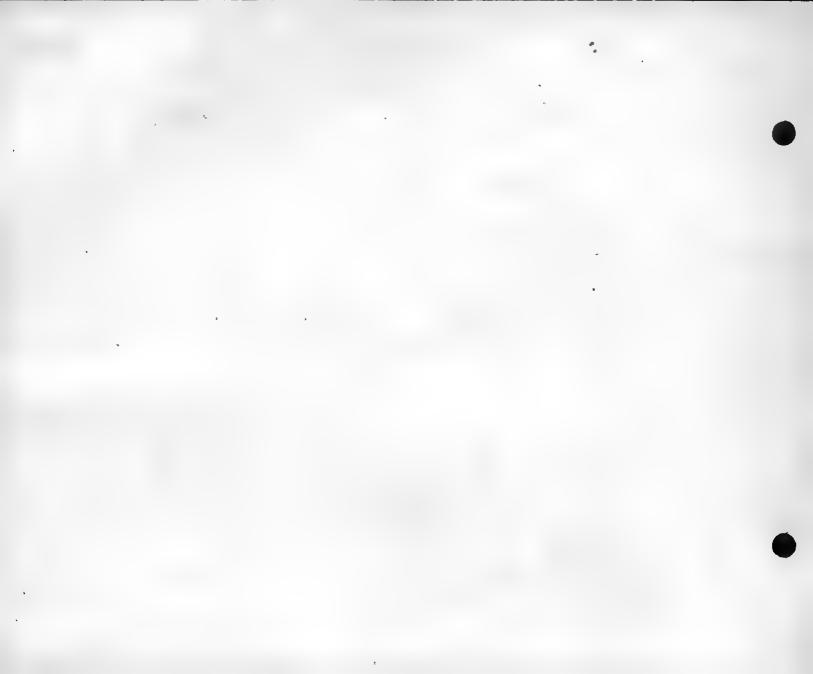
1	MARYLAND STATE DEPARTMENT OF HIGHTN	
- (D A	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
should	CRTIFICATE OF DEATH	07952
	1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where deceased lived, H	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	GUNG Boundel.
3	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS	. IS RESIDENCE
3.	Plaza Manon Vuersing Jome 1701 D. Forest Ave.	ON A FARM? YES NO E
	(Typa or print) Henry Wilson DEATH 6	27 1966
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED DIVORCED 7. MARRIED 19. AGE (In years last birthday) YES	Months Days Hours Min.
10	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	12. CITIZEN OF WHAT COUNTRY
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Central States
	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	
I LY	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give were detes of sarvice) (Introduct Unknown) (183-12-1977) C- Tearen	Bueni Ald.
T .	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED 8Y,	INTERVAL BETWEEN ONSET AND DEATH
	HAMEDIATE CAUSE (a) Consuly - Wellister	1 day -
	Conditions, if any, which gave rise to immediate cause	unkasun
	(a), stating the undarlying DUE TO Shouletter	
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIT	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lor Part II of I'em 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	113 1 10 24
		(County) (Stelle)
101111111111111111111111111111111111111		
	21. I certify that (I) (this hospital) attended the deceased from 10 = 2 , 1963 to 6 = 2 saw the deceased alive on 6 = 2	
	22a SIGNATURE ATTENDING MED STAFF	22b, DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) ADDRESS 22d. ADDRESS 22d. ADDRESS	10 d 700
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF GEMETERY OR CREMATORY 236. LOCATION ACTIVITIES	West Activate PAGE we or county) (State)
	REMOVAL (Spacify) 6-27-66 WM flow and Xmy Steell	Ty Ju
24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles St DATE JUN 30 1966	OCCUPANTE OF THE PROPERTY OF T
	KENISE FUN ERBI WINDSOFT MA	



1. PLACE OF DEATH a. CDUNTY Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Glen Burnie 2. USUAL RESIDENCE (Where deceased lived, if instit as STATE and Heryland Bell c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) (Halethorpe) Belte.	
b. CITY DR IDWN (if outside corporate limits, write write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write	
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
I DESCRIPTION (MAINTENANT MAINT	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	
1229 Cedar Cliff Or. 1845 Clark Blvd.	e. IS RESIDENCE ON A FARM? YES ND
3. NAME OF First Middle Last 4. DATE Month OF	Day Year
(Type or print) ANNA M. WISHARD DEATH JUNE	24 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF	UNDER 1 YEAR JIF UNDER 24 HRS.
Female White WIDDWED ONORCED 188 June 1986 68 W.	ionths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Homemaker Own Home Smithburg Md.	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1 UsDaHa
Edward Miller Anna (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes give war or dates of service)	
18. CAUSE OF DEATH / Enter only one cause per lipe; for (a), (b), and (c).	I INTERVAL RETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CONTROL MORALDONS FOR CONTROL	
Conditions, If any, which } DUE TO CONCENSION OF OVERY	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last.	
	ARTI(a) 19. WAS AUTOPSY
K S S S S S S S S S S S S S S S S S S S	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITION GIVEN II. OTHER SIGNIFICANT CONDITION GIVEN III. OTHER SIGNIFICANT CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN C	
CR CONTRIBUTING CAUSE OF DEATH CHEEN, NOTIFY MEDICAL EXAMINER)	regin 19./
	(County) (State)
20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 19 19 19 19 19 19 19	(Admitt) (State)
21. I certify that (I) (this hospital) attended the deceased from 100 27, 1966 to 100 27	, 19 <u>66,</u> that (I) (we) last
saw the deceased alive bit 19 19 19 19 and that death occurred at 1, m, from the causes an	nd on the date stated above.
	22b. DATE/SIGNED
M.D. PHYS. DIRECTOR PHYS.	0/27/06
1 22c. PHYSICIAN'S JOSEPH TALER 22d. ADDRESS (G. S. Aprilort Rg. (G.	LEU BUHER, B
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	n or county) (State)
Burial 28 June 1966 Meadowridge Memorial Pk Howard Co	Mary land
Simple services to the services of the service	lianley Judge
Gingleten Fungral Home (Clan Furnis Md DATE JUN 2 8 1966	



9 10	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATEM	17954 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Pages 1, 2, and 3 to HEATH form PM3. Page 4, 2, and 3 to HITPA Form PM3. Page 6 State Department of 72 hours after death.	Description of the Rural ond give nearest town) Place of DEATH a COUNTY MARYLAND D CITY OR TOWN (if outside corporate limits) We the RURAL ond give nearest town) C STATE A COUNTY MARYLAND C STATE C ST
	d NAME OF HOSP TAL OR INSTITLT ON (If not in hospital, give street oddress) d STREET ADDRESS NO A FARM? YES \(\sum NO) NO A FARM?
d within 24 hours after death 1f of the pencil in Item 18. Give Pages 1, Examiner's Office along with form File pages Land 2 with the State De and in 50 y event within 72 hours	3 NAME OF DECEASED (Type or print) S SEX
itote should be executering the word "pending" ded to the Chief Medical as a burior-transit permit cremation, or removal.	S WAS DECEASED EVER IN US ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Castellinder Hilton Hotel
This certifications, writing diffeote, writing die forworde all be used as ior to burial, (PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO PRIMARY Or CONTRIBUTING CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE WAS CAUSE OF DEATH CAUSE OF DEATH
ined for your RECTOR: Page estimated for your RECTOR: Page estimated for your RECTOR: Page estignated age	20c TIME OF IN.JRY Month, Doy, Year Hour o m. pm. 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, form, form, form, form, form, form, form, pm. 21. I certify that I toak charge of the remaine described above, held an Autapsy Inspection Inquiry ond in my opinion death resulted from Notural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
O DEPUTY ME necessory, plec the funeral dir 5 may be reta 0 FUNERAL DI Health or its d	NAME (Type) L LINDIACOL. Address (Street, city, town, of county) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
VR A15ME (\$7.66 17.66	Gremation 6/23/66 Fort Lincoln Crematory Wasnington, D.C. 24 EVER DECTOR RECORD PROPRIES LAND ADDRESS LAND A



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07963 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) ANNE ARUNDEL. MARYLAND death. BALT THORE. b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and dive nearest town ofter Unnepoles d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? haurs ANNE ARUNDEL GENERAL 23 Philadelphia Road Ave. Item 18. Give Pages YES NO haurs after death. Office alang with 3. NAME OF Middle 4 DATE Month Year DECEASED WRISLEY ROGER 19 66 A. June 3 = (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months 9-1-30 Male White WIOOWEO OIVOR CED /ent 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? New York pending" in pencil in of Medical Examiner's ony Auto Mechanic Automobile USA pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = Alton T. Wrisley Marie Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address be executed (Yes, no, or unknown) (If yes give wor or dates of service) ar remayal. Mrs. Patricia Wrisley. (Wife) Yes Korea 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Gun shot wound of head IMMEDIATE CAUSE (o) __ certificate should writing the ward crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse farwarded burial, a 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES X NO to. please execute the certificate, pe 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH Shot during altercation 20c. TIME OF INJURY Month, Ooy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.)
Tavern FUNERAL DIRECTOR: Page of work Baltimore, Anne Arundel, Md. 8:30 Pam 6/3 19 66 of work designated 21. I certify that I taak charge of the remains described above, held on Autapsy [X], Inspection | Inquiry and in my apinion the funeral director. Accident _Suicide [death resulted from: Natural causes Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER 6/4/66 Health or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (Stote) 9 arlington 11 VR A15ME (5)



\$ 1 (M		Division of STATIS		MARYLAND STATE D ARCH AND RECORDS, 31			ARYLAND 21201	
FOR STATE	0796			ICAL EXAMINER'S		ACC FLOORING		07956
HEALTH DEPT.	1. PLACE OF DEAT o. COUNTY	neo.		MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where deceased lived, if is	institution: Residence b b. COUNTY	efore admission)
acth. If any deloy is obes 1, 2, and 3 to the form PM3. Page State Deportment of 2 hours after death.	b. CITY OR TOWN	(If outside corporate limit and give neglest tawn)	s,	c. LENGTH OF STAY IN 1b	Balti	outside corporote limits, wr	ite RURAL and give ne	80-4
h. If on form form form hours a	1.6.1		freen	del, general	d. STREET ADDRESS	- Lowins		e. IS RESIDENCE ON A FARM? YES NO
24 hours after death. If of in Item 18. Give Poges 1, r's Office olang with form as the State De my even within 72 hours	3. NAME OF DECEASED (Type or print)	Ex	ro L	Middle A	Cogna	4. DATE OF DEATH	6	Doy Year
00 0 2 2 4	S. SEX	6. COLOR OR RACE	11111111111111	DIVORCED	B. DAXE OF BIRTH		loy) Months Do	ys Hours Min.
within 24 hours pencil in Item 1 cominer's Office le pages pare	during most of work	ON (Give kind of work done ng life, even if retired)	10b. KI	HERYCLUD NO OF BUSINESS OR	Baltimo	ore, Maryland	COUNTY COUNTY	N OF WHAT
d within 24 in pencil in Exominer's File pages and in any		V. Wynn			Vernite			
be executed within "pending" in pencil nief Medical Exomine onsit permit. File pagi or removal, and in a	15. WAS DECEASED (Yes, no, or unknow NO	VER IN U.S. ARMED FORCES? (If yes give war or dotes	of service) 16		handler V.	Wynn - 1004	Address W. Lafayet	
be exe 'pend' nief Me onsit pe	18. CAUSE OF PART I.	DEATH (Enter only one con EATH WAS CAUSED BY: IMMEDIATE CAUSE	- //.	(o), (b), and (c).)	1		L	ONSET AND DEATH
the certificate should be executed within 24 the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Exominer's ur files. Je 3 should be used as a burial-tronsit permit. File pages agent, prior to burial, cremation, or removal, and in any	Conditions, if o	ny, which gove)	(b)					
ificate thing the strated the street al, created the street al, created the street al, created the street s	lost.	derlying couse DUE	(c)			100		NO WAS AUTOROV
his cert ote, wr ee forwe be used	ATTON			O DEATH BUT NOT RELATED TO				19. WAS AUTOPSY PERFORMED? YES NO
LER: TI certifice nould be les. should It, prior	PRIMARY Or CAUSE OF DEAT		Su	SCRIBE HOW INJURY OCCURRED	Three	a bury	Jary	
MEDICAL EXAMINER: pleose execute the cert director. Poge 4 shouls etoined for your files. DIRECTOR: Page 3 shouls ts designofed ogent, pr	Hour	p.m. 19	While at worl	Not While of to	KE OF INJURY (Home, ctory, street, office bldg.,	etc.)	wn) (County	(Stote)
ed far CTOR: Pognotection				nains described above, h Accident X, Su	icide, Homic	ide 🔲, Undetermin		and in my opinion
ury Mebr. Iry, please e eral director be retoined RAL DIRECT	ACTUAL SIGNATURE	7 Lucie	ref	-	M.D. ASSISTANT	CAL EXAMINER MEDICAL EXAMINER		22. DATE SIGNED
TO DEPUTY MEDICAL EXAMINER: T necessary, please execute the certifica the funeral director. Page 4 should b 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	EXAMINER'S NAME (Type)	EK	when	elf.	Address (Si	DICAL EXAMINER Interpretation (City)		21.66
To Hee	BENEVICE OF STREET	(ify) 6-25-6		Arbutus Mem	rial Park	23d. LOCATION (City Baltim	or lown) (Co lore, Mi. Sb. REGISTRAR'S SIGN	unity) (Stote)
VR A15ME (5)	24. FUNERAL DIRE Charles I	R. Law 802	Madison	Ave., Balto.	, Md. DATE	JUN 2.8 1966	5 JCharl	es Judge

